

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38112

FILED  
Jan 17, 2009  
Secretary of State

**Entity Name:** POP WARNER SOUTHEAST REGION, INC.

**Current Principal Place of Business:**

6847 TANGO LANE N.  
JACKSONVILLE, FL 32210 US

**New Principal Place of Business:**

**Current Mailing Address:**

1093 A1A BEACH BLVD.  
ST. AUGUSTINE, FL 320806733 US

**New Mailing Address:**

1093 A1A BEACH BLVD.  
PMB 411  
ST. AUGUSTINE, FL 320806733 US

**FEI Number:** 65-0192532

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONNORS, DENNIS B.  
6847 TANGO LANE N.  
JACKSONVILLE, FL 32210 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CONNORS, DENNIS B  
Address: 6847 TANGO LANE N  
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete  
Name: SYLVESTER, LARRY D  
Address: 2519 DRAKE DR  
City-St-Zip: ORLANDO, FL 32810

Title: D ( ) Delete  
Name: MILLER, LORI  
Address: 5520 LIDO ST.  
City-St-Zip: ORLANDO, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: REVELS, JENNIFER  
Address: 7519 DOVER CLIFF DRIVE N.  
City-St-Zip: JACKSONVILLE, FL 32244

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS B. CONNER

D

01/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date