2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2008
Secretary of State

DOCUMENT# N93000002138

Entity Name: MID-FLORIDA POP WARNER FOOTBALL CONFERENCE, INC.

Current Principal Place of Business:

1522 CROSSBEAM CIRCLE WEST
CASSELBERRY, FL 32707 US

New Principal Place of Business:

Current Mailing Address:

1522 CROSSBEAM CIRCLE WEST
CASSELBERRY, FL 32707 US

New Mailing Address:

FEI Number: 59-3187313 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JULIAN, MICHAEL
1522 CROSSBEAM CIRCLE WEST
CASSELBERRY, FL 32707 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: SYLVESTER, LARRY
Address: 2519 DRAKE DRIVE
City-St-Zip: ORLANDO, FL 32810

Title: D ( ) Delete
Name: MITRANO, GARY
Address: 2819 EAGLE LAKE DR.
City-St-Zip: ORLANDO, FL 32837

Title: D ( ) Delete
Name: JULIAN, MICHAEL
Address: 1522 CROSSBEAM CIRLCLE WEST
City-St-Zip: CASSELBERRY, FL 32707

Title: D ( ) Delete
Name: CHANCEY, JANE
Address: P.O. BOX 61
City-St-Zip: GOTHA, FL 34734

Title: D ( ) Delete
Name: REBARCHEK, DONNA
Address: 2912 LANGLEY PARK COURT
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change ( ) Addition
Name: WITHERSPOON, ARMYE
Address: 16521 LIBRA STREET, #205
City-St-Zip: CLERMONT, FL 34714

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

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: MICHAEL JULIAN D 07/02/2008

Electronic Signature of Signing Officer or Director Date