


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000003400 1. Entity Name JACKSONVILLE BEACH POP WARNER FOOTBALL ASSOCIATION, INC.	
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Principal Place of Business P.O. BOX 51107 JACKSONVILLE BEACH, FL 32250	Mailing Address P.O. BOX 51107 JACKSONVILLE BEACH, FL 32250
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02042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3207122	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PHILLIPS, STEPHEN L CPA 3560 SOUTH THIRD STREET JACKSONVILLE BEACH, FL 32250

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PRINCE, DEAN 12310 HUNTERS HAVEN LANE JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CLIFT, ERIC 9340 ARLINGTON WAY JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PRINCE, KATHY 12310 HUNTERS HAVEN LANE JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PHILLIPS, STEPHEN 3560 S. 3RD ST. JAX BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U000000271062 03/21/05-80031-023 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stephen L Phillips* Trust. 3/7/05 904 2418176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #