2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N93000003400

Entity Name: JACKSONVILLE BEACH POP WARNER FOOTBALL ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 51107
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

3560 SOUTH THIRD STREET
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

P.O. BOX 51107
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 59-3207122 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PHILLIPS, STEPHEN L CPA
3560 SOUTH THIRD STREET
JACKSONVILLE BEACH, FL 32250 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: PD ( ) Delete
Name: PRINCE, DEAN
Address: 12310 HUNTERS HAVEN LANE
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP ( ) Delete
Name: HANCOCK, KRISTY
Address: 2700 LIBERTY LN.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: SD ( ) Delete
Name: PRINCE, KATHY
Address: 12310 HUNTERS HAVEN LANE
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP ( ) Delete
Name: MILES, DAVE
Address: 2011 GROVE ST .
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VP (X) Delete
Name: MILES, SUE
Address: 2011 GROVE ST.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: T (X) Delete
Name: HOWARD, LISA
Address: 409 LOWER 8TH AVE S.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: VP (X) Change ( ) Addition
Name: HOWARD, SCOTT
Address: 409 LOWER 8TH AVE S.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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

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: DEAN PRINCE PD 01/20/2009
Electronic Signature of Signing Officer or Director — Date