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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001355 (6)

1. Corporation Name

FERNANDINA BEACH POP WARNER ASSOCIATION, INC.



Principal Place of Business

Mailing Address

FERNANDINA BEACH POP WARNER
P.O. BOX 6307
FERNANDINA BEACH FL 32035

FERNANDINA BEACH POP WARNER
P.O. BOX 6307
FERNANDINA BEACH FL 32035-6307

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORRISSEY, BRIAN D
406 ASH STREET
FERNANDINA BEACH FL 32035

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME CITINO, DIANE
STREET ADDRESS 3165 FIRST AVENUE #13
CITY-ST-ZIP FERNANDINA BEACH FL 32034

1.1 TITLE D
1.2 NAME ALBERTA BECK
1.3 STREET ADDRESS 874 Atlantic View Dr.
1.4 CITY-ST-ZIP Fernandina Bch, FL 32034

TITLE D
NAME MAXWELL, CINDE
STREET ADDRESS 2409 PALM CIRCLE WEST
CITY-ST-ZIP FERNANDINA BEACH FL 32034

2.1 TITLE D
2.2 NAME Lynette Johnsen
2.3 STREET ADDRESS Fernandina Bch, FL 32034

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Christina Dunlap Secretary
3.2 NAME 3722 Margens Way
3.3 STREET ADDRESS Yulee, FL 32097

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE JANA L Shepard Treasurer
4.2 NAME 1913 Pine Dr
4.3 STREET ADDRESS Fernandina Bch, FL 32034

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

2/1/97 P. Beck

2/1/97 (April) 777-4712

CR2E037 (9/96)