

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001355

FILED
Mar 06, 2008
Secretary of State

Entity Name: FERNANDINA BEACH POP WARNER ASSOCIATION, INC.

Current Principal Place of Business:

309 SOUTH 16TH STREET
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

1003 BEECH STREET
FERNANDINA BEACH, FL 32034

Current Mailing Address:

P.O. BOX 16016
FERNANDINA BEACH, FL 32034

New Mailing Address:

FEI Number: 74-3220938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLE, WILLIAM H
2222 HIGHRIGGER CT.
FERNANDINA BEACH, FL 32034 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: COLE, WILLIAM H
Address: 2222 HIGHRIGGER CT
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: TD () Delete
Name: BYRD, ROY
Address: 474418 STATE ROAD 200
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: SD () Delete
Name: GERGENTI, MARSHALL
Address: 1506 COVENTRY LN
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: () Delete
Name:
Address:
City-St-Zip:

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: VD () Change (X) Addition
Name: SIKES, THERSA
Address: 12209 FOUNTAIN DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

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: WILLIAM H. COLE

PD

03/06/2008

Electronic Signature of Signing Officer or Director

Date