


FILE NOW: FILING FEE IS \$61.25

FILED

May 22 1997 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # **N96000003605 (0)**

1. Corporation Name

NORTH PORT POP WARNER FOOTBALL ASSOCIATION INC.



| | |
|--|--|
| Principal Place of Business | Mailing Address |
| POST OFFICE BOX 7567 NORTH PORT FL 34287-0567 | POST OFFICE BOX 7567 NORTH PORT FL 34287-0567 |

| | |
|--|-------------------------|
| 3. Date Incorporated or Qualified 07/09/1996 | 3a. Date of Last Report |
|--|-------------------------|

| | | | |
|--------------------------------|------------------------|--|--|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number 59-3361952 | Applied For <input type="checkbox"/> Not Applicable |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 22 City & State | 27 City & State | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 23 Zip | 28 Zip | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 24 Country | 29 Country | | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, CHARLES E
4197 HOUSTON LANE
NORTH PORT FL 34287

| | |
|---|--------------------------|
| 81 Name | Crump, Barbara A. |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 6886 Kenwood Dr. |
| 83 | |
| 84 City | North Port |
| 85 State | FL |
| 86 Zip Code | 34287 |

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 Barbara A. Crump Barbara A. Crump, Treasurer 4-28-97
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 | <input type="checkbox"/> DELETE | 1.1 TITLE | President - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 1.2 NAME | Peter Van Buskirk |
| STREET ADDRESS | | 1.3 STREET ADDRESS | 6356 Safford Terrace |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | North Port FL 34287 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | Vice-President - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 2.2 NAME | Doug Jobbitt |
| STREET ADDRESS | | 2.3 STREET ADDRESS | Tamiami Trail |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | North Port FL 34287 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | Secretary - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 3.2 NAME | Kathy Ellingsen |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 3736 Fountainbleu St. |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | North Port, FL 34287 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | Treasurer - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME | Barbara A. Crump |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 6886 Kenwood Dr. |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | North Port, FL 34287 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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.

SIGNATURE: Barbara A. Crump Barbara A. Crump, Treas. 4-28-97 6399595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0064540

CR2E037 (9/96)