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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003605

1. Corporation Name
NORTH PORT POP WARNER FOOTBALL ASSOCIATION INC.

561150 - 90081 - 17

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	07/09/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3361952 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CRUMP, BARBARA A 6886 KENWOOD DR NORTH PORT FL 34287	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 Barbara A. Crump DATE 4-29-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	+ D	☐ Change ☒ Addition
NAME	VAN BUSKIRK, PETER		1.2 NAME	Michael R. Treubert	
STREET ADDRESS	6356 SAFFORD TERRACE		1.3 STREET ADDRESS	5977 Brickell Dr.	
CITY-ST-ZIP	NORTH PORT FL		1.4 CITY-ST-ZIP	North Port FL 34286	
TITLE	PD	☒ DELETE	2.1 TITLE	+ D	☐ Change ☒ Addition
NAME	JOBBITT, D		2.2 NAME	Michael Butcher	
STREET ADDRESS	TAMIAMI TR		2.3 STREET ADDRESS	8243 Gallo Ave	
CITY-ST-ZIP	NORTH PORT FL 34287		2.4 CITY-ST-ZIP	North Port FL 34286	
TITLE	SD	☒ DELETE	3.1 TITLE	+ D	☐ Change ☒ Addition
NAME	ELLINGSEN, KATHY		3.2 NAME	Lauri Nicol	
STREET ADDRESS	3736 FOUNTAIN BLUE ST		3.3 STREET ADDRESS	6799 Ruff	
CITY-ST-ZIP	NORTH PORT FL		3.4 CITY-ST-ZIP	North Port FL 34286	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CRUMP, BARBARA A		4.2 NAME		
STREET ADDRESS	6886 KENWOOD DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4-29-99 941 426 5910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #