

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90022 030 ****61.25

DOCUMENT # N96000003605

1. Entity Name

**NORTH PORT POP WARNER FOOTBALL ASSOCIATION
INC.**



Principal Place of Business

**POST OFFICE BOX 7567
NORTH PORT FL 34287-0567**

Mailing Address

**POST OFFICE BOX 7567
NORTH PORT FL 34287-0567**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-3361952

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROBIN, SANDRA
1059 RACE COURT
NORTH PORT FL 34286**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **RIDER, JAMES**
STREET ADDRESS **3523 ELDRON AVENUE**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE **TD** ☐ Delete
NAME **ROBIN, SANDRA**
STREET ADDRESS **1059 RACE COURT**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE **VPD** ☐ Delete
NAME **WYATT, RANDY**
STREET ADDRESS **2485 ENSENADA LANE**
CITY-ST-ZIP **NORTH PORT FL 34286**

TITLE **S** ☒ Delete
NAME **LEOPOLD, CATHERINE**
STREET ADDRESS **3657 FROUDE ST.**
CITY-ST-ZIP **NORTH PORT FL 34286**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **JOANN CRIDGE**
STREET ADDRESS **2646 DEBBLE AVE**
CITY-ST-ZIP **NORTH PORT, FL 34286**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra Robin Sandra Robin

Date

Daytime Phone #

2-17-04 941-255-5530