

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003605

FILED
Apr 18, 2005
Secretary of State

Entity Name: NORTH PORT POP WARNER FOOTBALL ASSOCIATION INC.

Current Principal Place of Business:

POST OFFICE BOX 7567
NORTH PORT, FL 342870567

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 7567
NORTH PORT, FL 342870567

New Mailing Address:

FEI Number: 59-3361952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ALLEN, TED
3229 TISHMAN AVE
NORTH PORT, FL 34286 US

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: TED ALLEN

04/18/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RIDER, JAMES
Address: 3523 ELDRON AVENUE
City-St-Zip: NORTH PORT, FL 34287

Title: TD () Delete
Name: ROBIN, SANDRA
Address: 1059 RACE COURT
City-St-Zip: NORTH PORT, FL 34287

Title: VPD () Delete
Name: WYATT, RANDY
Address: 2485 ENSENADA LANE
City-St-Zip: NORTH PORT, FL 34286

Title: S () Delete
Name: CRIDGE, JOANN
Address: 2646 PEBBLE AVE.
City-St-Zip: NORTH PORT, FL 34286

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BEATTY, MARK
Address: 1111
City-St-Zip: NORTH PORT, FL 34287

Title: TRES (X) Change () Addition
Name: ALLEN, TED
Address: 3229 TISHMAN AVE
City-St-Zip: NORTH PORT, FL 34287

Title: VICE (X) Change () Addition
Name: WOLCHUCK, CHARLIE
Address: 1111
City-St-Zip: NORTH PORT, FL 34286

Title: SEC (X) Change () Addition
Name: RUSSO, BARB
Address: 1111
City-St-Zip: NORTH PORT, FL 34286

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TED ALLEN

TRES

04/18/2005

Electronic Signature of Signing Officer or Director

Date