

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003605

FILED  
Apr 14, 2008  
Secretary of State

**Entity Name:** NORTH PORT POP WARNER FOOTBALL ASSOCIATION INC.

**Current Principal Place of Business:**

#1 GEORGE MULLEN CENTER  
NORTH PORT, FL 34286

**New Principal Place of Business:**

LARRY THOENNISSSEN FIELD  
NORTH PORT, FL 34286

**Current Mailing Address:**

PO BOX 7567  
NORTH PORT, FL 34288

**New Mailing Address:**

PO BOX 7567  
NORTH PORT, FL 34291

**FEI Number:** 59-3361952

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALLEN, TED  
1395 GLENAN RD  
NORTH PORT, FL 34288 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: PRES ( ) Delete  
Name: BEATTY, MARK  
Address: 1111  
City-St-Zip: NORTH PORT, FL 34287

Title: TRES ( ) Delete  
Name: ALLEN, TED  
Address: 1395 GLENAN RD  
City-St-Zip: NORTH PORT, FL 34288

Title: VICE ( ) Delete  
Name: THOENNISSSEN, LARRY  
Address: 1111  
City-St-Zip: NORTH PORT, FL 34286

Title: SEC ( ) Delete  
Name: KLEIN, DOROTHY  
Address: 1111  
City-St-Zip: NORTH PORT, FL 34286

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: KLEIN, BOYD  
Address: CANDIA ST  
City-St-Zip: NORTH PORT, FL 34286

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

Title: SEC (X) Change ( ) Addition  
Name: KLEIN, DOROTHY  
Address: CANDIA ST  
City-St-Zip: NORTH PORT, FL 34286

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: TED ALLEN

TRES

04/14/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date