

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003605

FILED
Apr 16, 2009
Secretary of State

Entity Name: NORTH PORT POP WARNER FOOTBALL ASSOCIATION INC.

Current Principal Place of Business:

LARRY THOENNISSON FIELD
NORTH PORT, FL 34286

New Principal Place of Business:

Current Mailing Address:

PO BOX 7567
NORTH PORT, FL 34291

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:

ALLEN, TED
1395 GLENAN RD
NORTH PORT, FL 34288 US

Name and Address of New Registered Agent:

MONTALBANO, MARIA
5260 WATERVIEW DRIVE
NORTH PORT, FL 34291 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: MARIA MONTALBANO

04/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TRES (X) Change () Addition
Name: MONTALBANO, MARIA
Address: 5260 WATERVIEW DRIVE
City-St-Zip: NORTH PORT, FL 34291

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

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

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: MARIA MONTALBANO

TRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date