

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N98000002777

1. Entity Name
SANTA FE POP WARNER, INC.



Principal Place of Business
**21213 NW 74TH PL P.O. BOX 598
ALACHUA, FL 32615 Alachua, FL
32616**

Mailing Address
**P.O. BOX 598
ALACHUA, FL 32616**

FILED

05 JUL -5 PM 4:21

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



REINSTATEMENT 04-05

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
23-1582287

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KIRKPATRICK, LARRY
21213 NW 74 PLACE
ALACHUA, FL 32615**

Name **John mallard**

Street Address (P.O. Box Number is Not Acceptable)
14300 NW 146th Terr

Alachua, FL 32616

City

FL

Zip Code
32616

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]

President

6/20/05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$297.50

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FULWOOD, GORDON ☒ Delete
STREET ADDRESS 21213 NW 74 PLACE
CITY-ST-ZIP ALACHUA, FL 32615

TITLE VD
NAME RIESS, EDWARD ☒ Delete
STREET ADDRESS 2005 NE DEESE DR W
CITY-ST-ZIP HIGH SPRINGS, FL 32643

TITLE TD
NAME MCMANN, TAMMI ☐ Delete
STREET ADDRESS P.O. BOX 598
CITY-ST-ZIP ALACHUA, FL 32616

TITLE S
NAME CROY, GENENE ☒ Delete
STREET ADDRESS P.O. BOX 643
CITY-ST-ZIP HIGH SPRINGS, FL 32655

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 PD ☒ Change ☐ Addition
NAME mallard, John
STREET ADDRESS P.O. Box 598
CITY-ST-ZIP Alachua FL 32616

TITLE VD ☒ Change ☐ Addition
NAME Bill Lane
STREET ADDRESS P.O. Box 598
CITY-ST-ZIP Alachua, FL 32616

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**600057091956
07/06/05--01055--004 **297.50**

TITLE S ☒ Change ☐ Addition
NAME Tracy mallard
STREET ADDRESS P.O. Box 598
CITY-ST-ZIP Alachua, FL 32616

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

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

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: X

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/05

Date

Daytime Phone #