

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90049 032 ****61.25

DOCUMENT # N98000002777

1. Entity Name
SANTA FE POP WARNER, INC.



Principal Place of Business
**P.O. BOX 598
ALACHUA, FL 32616**

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3524601

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**MALLARD, JOHN
3590 NW 97TH BLVD
GAINESVILLE, FL 32606**

Name **Allen, Amber**

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

15406 NW 202nd Street

City **Alachua**

FL

Zip Code **32615**

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

Amber Allen, Director

3/8/07

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **MALLARD, JOHN**
STREET ADDRESS **3590 NW 97TH BLVD**
CITY-ST-ZIP **GAINESVILLE, FL 32606**

TITLE **PD,** ☒ Change ☐ Addition
NAME **Lang, Bill**
STREET ADDRESS **6913 NW 49th Terrace**
CITY-ST-ZIP **Gainesville, FL 32653**

TITLE **VD** ☐ Delete
NAME **LANG, BILL**
STREET ADDRESS **6913 NW 49TH TERRACE**
CITY-ST-ZIP **GAINESVILLE, FL 32653**

TITLE **V** ☐ Change ☒ Addition
NAME **Tileston, Levida**
STREET ADDRESS **14331 NW 107th Terrace**
CITY-ST-ZIP **Alachua, FL 32615**

TITLE **TD** ☐ Delete
NAME **ALLEN, AMBER**
STREET ADDRESS **15406 NW 202ND ST**
CITY-ST-ZIP **ALACHUA, FL 32615**

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

TITLE **S** ☒ Delete
NAME **LANG, DIANE**
STREET ADDRESS **6913 NW 49TH TERRACE**
CITY-ST-ZIP **GAINESVILLE, FL 32653**

TITLE **S** ☐ Change ☒ Addition
NAME **Ross, Dawn**
STREET ADDRESS **18820 NW 76th Avenue**
CITY-ST-ZIP **Alachua, FL 32615**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Andress, Jeff**
STREET ADDRESS **429 Turkey Creek**
CITY-ST-ZIP **Alachua, FL 32615**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **McElroy, Debi**
STREET ADDRESS **16628 NW CR 1491**
CITY-ST-ZIP **Alachua, FL 32615**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Amber Allen* **Amber Allen**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/07

Date

352-316-1438

Daytime Phone #