


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90204 044 ****70.00

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
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60035231



2. Principal Place of Business - No P.O. Box # 15406 NW 202ND STREET		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ALACHUA, FL		City & State	
Zip 32615	Country	Zip	Country

04242008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3524601	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ALLEN, AMBER 15406 NW 202ND STREET ALACHUA, FL 32615		Name AMBER ALLEN KRANTZ 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 <u>Amber Krantz</u> Signature, typed or printed name of registered agent and title, if applicable.	DATE <u>4/24/08</u> (NOTE: Registered Agent signature required when reinstating)

Filing Fee Is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TILESTON, LEVIDA 14331 NW 107TH TERR. ALACHUA, FL 32615	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D JOE SZYMANSKI 2114 NW 55TH BLVD #18 GAINESVILLE, FL 32653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANG, BILL 6913 NW 49TH TERRACE GAINESVILLE, FL 32653	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HORACE GARRISON PO BOX 1576 ALACHUA, FL 32616	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALLEN, AMBER 15406 NW 202ND ST ALACHUA, FL 32615	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D AMBER KRANTZ 15406 NW 202ND STREET ALACHUA, FL 32615	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSS, DAWN 18820 NW 76TH AVE. ALACHUA, FL 32615	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAWN SZYMANSKI 2114 NW 55TH BLVD #18 GAINESVILLE, FL 32653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREWS, JEFF 429 TURKEY CREEK ALACHUA, FL 32615	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEARL BARBER 16814 NW 173RD TERRACE ALACHUA, FL 32615	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCELROY, DEBI 16628 NW CR 1491 ALACHUA, FL 32615	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ROBIN BEASLEY 16814 NW 173RD TERRACE ALACHUA, FL 32615	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	

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: <u>Amber Krantz</u> SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR	DATE <u>4/24/08</u> DAYTIME PHONE # <u>352-316-1438</u>