

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N98000004443**

1. Entity Name

DAYTONA BEACH POP WARNER  
FOOTBALL/CHEERLEADING ASSOCIATION, INC.



Principal Place of Business

601 HOLMES AVE  
DAYTONA BEACH, FL 32114

Mailing Address

P.O. BOX 1546  
DAYTONA BEACH, FL 32114



04242007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3526282

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROLAND, THOMAS  
176 BIG BEN  
DAYTONA BEACH, FL 32117

**DO NOT WRITE  
IN THIS SPACE**

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

(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

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME ROSS, STEPHANIE  
STREET ADDRESS 887 E COQUINA AVE  
CITY-ST-ZIP DAYTONA BEACH, FL 32114

TITLE DVP  
NAME ELAM, MEREDITH  
STREET ADDRESS 712 VERDEL ST  
CITY-ST-ZIP DAYTONA BEACH, FL 32114

TITLE DT  
NAME BROWN, STEVE J  
STREET ADDRESS 628 WILLAMSBURG DR  
CITY-ST-ZIP DAYTONA BEACH, FL 32114

TITLE DS  
NAME MOORE, CYNTHIA  
STREET ADDRESS 1222 ESEX RD  
CITY-ST-ZIP DAYTONA BEACH, FL 32117

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000738878  
05/14/07-80002-013 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-2007

Date

386-274-6630

Daytime Phone #