FILE NOTE, FIERRO FAC TO POLICE.

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N98000005968

LAKE REGION POP WARNER ASSOCIATION, INC.

Principal Place of Business 280 LAWRENCE BLVD.. SUITE 201 KEYSTONE HEIGHTS FL 32656 Mailing Address

260 LAWRENCE BLVD., SUITE 201 KEYSTONE HEIGHTS FL 32656

## FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90105 044 \*\*\*\*61.25



2. Principal Place of Business		2s. Mailing Address 26 P.O. Box 877			3. Date Incorporated or Qualified 10/19/1998	
Suite, Apt. #, etc.		Suite, Apt, #, etc.			4. FEI Number Applied For Not Applied For Not Applicable	
City & State		City & State  28 Keystone Heig	hrs.	FI.	5. Certificate of Status Desired Fee Required	
Zip 24	Country Zip Country 239 32656 30 U			,	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	
			81	Name		
NEWELL PAUL D				Charle A	Address (P.O. Box Number is Not Acceptable)	
260A LAWRENCE BLVD., SUITE 201			82	20 eer A	ADDIESS (P.O. BOX NUMBER IS NOT ACCEPTED BY	
				<del></del>		
KEYSTONE HEIGHTS FL 32656			84	City	FI 85 Zip Code	
43 -	40.41.047.050	and dat agon Flacida Standon	the object	n parmed c	comparation submits this statement for the number of changing its registered	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered						
agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE Stonebure, hosed or printed name of registered apent and tide if epidecable. (NOTE: Registered Agent algorithms required when narristating)  DATE  CO						
Signature, typed or printed name of registered agent and title if epiBoable. (NOTE: Registered Agent 12. OFFICERS AND DIRECTORS 13.				M marine re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	(11/98)
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STREET ADDRESS				- 1		<b>CR2E037</b>
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TITLE			22 NAME			
NAME				TADORESS	** *	
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CITY-ST-ZIP			2.4 CRY-5	S1-EXP	☐ Change ☐ Addition	
TITLE			3.2 NAME			
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CITY-ST-ZIP			3.4. CITY-5		☐ Change ☐ Addition	
NAME	WILLIAMS, REBECCA E	÷1	4.2 NAME	ſ		
STREET ADDRESS	260 LAWRENCE BLVD., SUITE 2			TADDRESS		
CITY-ST-ZIP			4.4 CITY-S	- 1		
TITLE	<u> </u>		51 TITLE		Change Addition	
NAME		52 N		(		
STREET ADDRESS			5.3 STREE	TADDRESS	·	
CITY-ST-ZIP	9		5.4 CITY-S	т-де [		
TITLE			6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME	1	[	
STREET ADDRESS		Ĭ	6.3 STREE	T ADORESS		
CITY-ST-ZIP	•		6.4 CITY-S			
14. I hereby	certify that the information supplied with	this filling does not qualify for the	e exempt	ion stated	in Section 119.07(3)(i), Florida Statutes, I further certify that the information	

4. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

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