

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005968

**FILED
Jul 13, 2004
Secretary of State****Entity Name:** LAKE REGION POP WARNER ASSOCIATION, INC.**Current Principal Place of Business:**P. O. BOX 877
KEYSTONE HEIGHTS, FL 32656**New Principal Place of Business:****Current Mailing Address:**P. O. BOX 877
KEYSTONE HEIGHTS, FL 32656**New Mailing Address:**

FEI Number: 59-3534645 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:GROOMS, JOSEPH B
6760 LITTLE RAIN LAKE ROAD
KEYSTONE HEIGHTS, FL 32656**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: VP () Delete
Name: GROOMS, JOSEPH B
Address: PO BOX 877
City-St-Zip: KEYSTONE HEIGHTS, FL 32656Title: P () Delete
Name: CHARLES, WHITE
Address: 6714 LITTLE RAIN LAKE RD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656Title: T () Delete
Name: PRESSLEY, VANESSA
Address: 6524 TRIEST AVE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656Title: S (X) Delete
Name: HASKETT, LYNN
Address: 570 DEER SPRINGS RD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: P (X) Change () Addition
Name: RONALD, THOMAS
Address: 8074 ALDERMAN RD
City-St-Zip: MELROSE, FL 32666Title: S (X) Change () Addition
Name: GIBBS, TONYA A
Address: 8237 SWAN LAKE RD
City-St-Zip: MELROSE, FL 32666Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONYA A GIBBS

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07/13/2004

Electronic Signature of Signing Officer or Director

Date