

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90226 014 ****70.00

DOCUMENT # N99000001367

1. Entity Name

SOUTH BREVARD POP WARNER LITTLE SCHOLARS, INC.



Principal Place of Business

**350 EPPING CT. N.E.
PALM BAY FL 32907**

Mailing Address

**350 EPPING CT. N.E.
PALM BAY FL 32907**

2. Principal Place of Business

498 Borrachlough St NW

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 061552

Suite, Apt. #, etc.

City & State

Palm Bay, FL

City & State

Palm Bay, FL

Zip

32907

Country

USA

Zip

32906

Country

USA

1st MOORE

CR2E037 (10/04)

4. FEI Number

23-1582287

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KRAYNIK, PATRICIA
350 EPPING CT. N.E.
PALM BAY FL 32907**

7. Name and Address of New Registered Agent

Name

West, Tina

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

498 Borrachlough St NW

City

Palm Bay

FL

Zip Code

32907

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 **Tina West - Treasurer**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-13-05

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

TITLE **D** ☒ Delete
NAME **KRAYNIK, PATRICIA**
STREET ADDRESS **350 EPPING CT. N.E.**
CITY-ST-ZIP **PALM BAY FL 32907**

TITLE **D** ☒ Delete
NAME **KRAYNIK, JOHN**
STREET ADDRESS **350 EDDING CT. NE.**
CITY-ST-ZIP **PALM BAY FL 32907**

TITLE **SD** ☒ Delete
NAME **FOWLER, ELAINE**
STREET ADDRESS **1774 WINDSOR AVE**
CITY-ST-ZIP **PALM BAY FL 32909**

TITLE **D** ☐ Delete
NAME **WEST, BOBBY**
STREET ADDRESS **498 BORRACLOUGH AE**
CITY-ST-ZIP **PALM BAY FL 32909**

TITLE **D** ☐ Delete
NAME **West, Tina**
STREET ADDRESS **498 Borrachlough St NW**
CITY-ST-ZIP **Palm Bay, FL 32907**

TITLE **D** ☐ Delete
NAME **Rosswuem, Randy**
STREET ADDRESS **1193 Ivanhoe St NW**
CITY-ST-ZIP **Palm Bay, FL 32907**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☐ Addition
NAME **Tedesco, Crystal**
STREET ADDRESS **426 Almansa St**
CITY-ST-ZIP **Palm Bay, FL 32907**

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

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

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

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

12. 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 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: **Tina West**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-13-05 (321) 728-9124

Date

Daytime Phone #