

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702878

Entity Name: POP WARNER MIDGET FOOTBALL ASSOCIATION OF CHARLOTTE COUNTY, INC.**Current Principal Place of Business:**6905 FLORIDA ST
PUNTA GORDA, FL 33950**Current Mailing Address:**P.O. BOX 512553
PUNTA GORDA, FL 33951-0944 US**FEI Number: 52-1656210****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**LOGSDON, TAMMY
2625 LEE ST
PUNTA GORDA, FL 33950 US*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: TAMMY LOGSDON****01/30/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	GAMBLE, JOHN
Address	P.O. BOX 512553
City-State-Zip:	PUNTA GORDA FL 33951-0944

Title	VP
Name	ALBERTS, LEE
Address	P.O. BOX 512553
City-State-Zip:	PUNTA GORDA FL 33951-0944

Title	TREASURER
Name	LOGSDON, TAMMY
Address	P.O. BOX 512553
City-State-Zip:	PUNTA GORDA FL 33951-0944

Title	SECRETARY
Name	THOMAS, LAUREN
Address	P.O. BOX 512553
City-State-Zip:	PUNTA GORDA FL 33951-0944

Title	D, FOOTBALL DIRECTOR
Name	NELSON, IVAN
Address	P.O. BOX 512553
City-State-Zip:	PUNTA GORDA FL 33951-0944

Title	D, CHEER DIRECTOR
Name	THOMAS, KIRA
Address	P.O. BOX 512553
City-State-Zip:	PUNTA GORDA FL 33951-0944

I hereby 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 all other like empowered.

SIGNATURE: TAMMY LOGSDON**TREASURER****01/30/2015**

Electronic Signature of Signing Officer/Director Detail

Date