

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702878

Entity Name: CHARLOTTE WARRIORS 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:** No**Name and Address of Current Registered Agent:**HOPKINS, TRICIA ANNE
6905 FLORIDA 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:** TRICIA A. HOPKINS

01/14/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

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

Title SECRETARY
Name HYSSELL, KATELYNN
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: TRICIA A. HOPKINS

TREASURER

01/14/2020

Electronic Signature of Signing Officer/Director Detail

Date