2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2017
Secretary of State
CC4515707772

DOCUMENT# N08000001474

Entity Name: LAKE HOWELL POP WARNER LITTLE SCHOLARS, INC.

Current Principal Place of Business:

4200 DIKE RD
WINTER PARK, FL 32792

Current Mailing Address:

7501 CITRUS AVENUE #1297
GOLDENROD, FL 32733 US

FEI Number: 30-0469715

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAMPBELL, AIDA S
220 BLUESTONE PLACE
CASSELBERRY, FL 32707 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: AIDA CAMPBELL 01/10/2017

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	LEAGUE COMMISSIONER
Name	MULHOLLAND, JOHN
Address	7501 CITRUS AVENUE #1297
City-State-Zip:	GOLDENROD FL 32733

Title	PRESIDENT
Name	CAMPBELL, AIDA S
Address	220 BLUESTONE PL
City-State-Zip:	CASSELBERRY FL 32707

Title	SCHOLASTIC DIRECTOR
Name	REISCH, WENDI
Address	3045 NICHOLSON DR
City-State-Zip:	WINTER PARK FL 32792

Title	CHEER COMMISSIONER
Name	ARNETT, SUSANNE
Address	7501 CITRUS AVENUE #1297
City-State-Zip:	GOLDENROD FL 32733

Title	EQUIPMENT DIRECTOR
Name	VASQUEZ, JOHNNY
Address	3006 MOSS VALLEY PLACE
City-State-Zip:	WINTER PARK FL 32792

Title	SECRETARY
Name	COAD, MELISSA
Address	1967 KINGLING CT
City-State-Zip:	CASSELBERRY FL 32707

Title	TREASURER
Name	BAER, JENNIFER
Address	394 WHITETAIL COVE
City-State-Zip:	CASSELBERRY FL 32707

Title	VP
Name	SANSBURY, MATTHEW
Address	7501 CITRUS AVE #1297
City-State-Zip:	GOLDENROD FL 32733

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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: JENNIFER BAER TREASURER 01/10/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	FOOTBALL DIRECTOR
Name	BAKER, KEVIN
Address	7501 CITRUS AVE # 1297
City-State-Zip:	GOLDENROD FL 32792

Title	MERCHANDISE DIRECTOR
Name	BELL, LORRIE
Address	7501 CITRUS AVE # 1297
City-State-Zip:	GOLDENROD FL 32733

Title	FUNDRAISING DIRECTOR
Name	SCRIMA, DANNY
Address	7501 CITRUS AVE #1297
City-State-Zip:	GOLDENROD FL 32733