2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008889

FILED Jul 06, 2006 Secretary of State

Entity Name: PABLO CREEK POP WARNER FOOTBALL ASSOCIATION INC.

Current Pr	incipal Place of Business:	New Principal Place of Business:
14286 BEA SUITE 19, I JACKSON\		
Current Ma	ailing Address:	New Mailing Address:
14286 BEA SUITE 19, I JACKSON\		
FEI Number: In accordanc	01-0553066 FEI Number Applied For () Fe with s. 607.193(2)(b), F.S., the corporation did not rec	El Number Not Applicable () Certificate of Status Desired () ceive the prior notice.
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
	IVER L LANDING DR /ILLE, FL 32224 US	
The above in the State		ose of changing its registered office or registered agent, or both,
SIGNATUR	E:	
	Electronic Signature of Registered Agent	Date
OFFICERS	AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	DP () Delete DIXON, OLIVER L 5023 DIXIE LANDING DR JACKSONVILLE, FL 32224	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	S () Delete SCHOU, TERRY 13681 LONGS LANDING ROAD W JACKSONVILLE, FL 32225	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	DV () Delete MCMAHAN, BILL 2337 W COUINGTON CREEK DR JACKSONVILLE, FL 32224	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	DV () Delete MCMAHAN, LIZ 2337 W COUINGTON CREEK DR JACKSONVILLE, FL 32224	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	DV () Delete SOLOMAN, BOB 202 PABLO RD PORT VEDRA, FL 32082	Title: DV (X) Change () Addition Name: SOLOMAN, BOB Address: 202 PABLO RD City-St-Zip: PONTE VEDRA, FL 32082
Title: Name: Address: City-St-Zip:	T () Delete DIXON, EDIE 5023 DIXIE LANDING DR. JACKSONVILLE, FL 32224	Title: () Change () Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: EDIE DIXON T 07/06/2006