

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 AM 9:20

DOCUMENT # 713264 (0)  
1. Corporation Name  
CAPE CORAL JUNIOR FOOTBALL ASSOCIATION, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800001481358  
-05/09/95--01113--016  
\*\*\*\*130.00 \*\*\*\*130.00  
DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
P O BOX 150207  
CAPE CORAL FL 33915 P O BOX 150207  
CAPE CORAL FL 33915

3. Date Incorporated or Qualified 08/29/1967 3a. Date of Last Report 04/05/1994  
4. FEI Number 59-1961249 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc 26 Suite, Apt #, etc

22 City & State 27 City & State

23 Zip 28 Zip

24 Country 25 Country 29 Country 30 Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under s. 199.03, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANDRA J. MCCOLLERS  
218 SW 31ST TERR  
CAPE CORAL FL 33914

81 Name BEVERLY SLAGLE  
82 Street Address (P.O. Box Number is Not Acceptable) 4205 SE 19 AVE #101  
83  
84 CAPE CORAL FL 85 Zip Code 33904

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE BEVERLY R SLAGLE TREASURER Beverly Slagle 4/3/95  
(Signature typed or printed name of registered agent and title if applicable) (Typed Name of Registered Agent and title if applicable) (Date)

12. OFFICERS AND DIRECTORS

TITLE P  
NAME WILLIAMS, RODNEY  
STREET ADDRESS 1238 SW 4TH AVE  
CITY ST ZIP CAPE CORAL FL

TITLE V  
NAME SINER, PETE  
STREET ADDRESS 5328 SW 8TH PLACE  
CITY ST ZIP CAPE CORAL FL

TITLE S  
NAME ANDRIC, BONNIE  
STREET ADDRESS 1408 SW 10TH TER  
CITY ST ZIP CAPE CORAL FL

TITLE TD  
NAME SANDRA J. MCCOLLERS  
STREET ADDRESS 218 SW 31ST TERR  
CITY ST ZIP CAPE CORAL FL

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY ST ZIP

21 TITLE V ☒ Change ☐ Addition  
22 NAME SERAVELLO, RALPH A  
23 STREET ADDRESS 2411 S E 8TH AVE  
24 CITY ST ZIP CAPE CORAL, FL

31 TITLE S ☒ Change ☐ Addition  
32 NAME THOMAS, SHELLY J  
33 STREET ADDRESS 15 S E 20TH CT  
34 CITY ST ZIP CAPE CORAL, FL

41 TITLE TD ☒ Change ☐ Addition  
42 NAME SLAGLE, BEVERLY R DIRECTOR  
43 STREET ADDRESS 4205 S E 19TH AVE  
44 CITY ST ZIP CAPE CORAL, FL

51 TITLE D ☐ Change ☒ Addition  
52 NAME DONNA WILLIAMS DIRECTOR  
53 STREET ADDRESS 1238 SW 4TH AVE  
54 CITY ST ZIP CAPE CORAL, FL

61 TITLE D ☐ Change ☒ Addition  
62 NAME MICHAEL TEW DIRECTOR  
63 STREET ADDRESS 3912 SW 16TH PL  
64 CITY ST ZIP CAPE CORAL, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: BEVERLY R SLAGLE TREASURER  
Beverly Slagle

4/3/95 (813) 939-5588