

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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



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

Mailing Address
P O BOX 150207
CAPE CORAL FL 33915

3. Date Incorporated or Qualified 08/29/1967
3a. Date of Last Report 05/01/1995

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-1961249 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SLAGLE, BEVERLY
4205 SE 19 AVE., #101
CAPE CORAL FL 33904

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
FL				

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and state if acceptable

(If "FILE" Registered Agent signature required when transacting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	WILLIAMS, RODNEY	<input type="checkbox"/> DELETE
NAME		1238 SW 4TH AVE	
STREET ADDRESS		CAPE CORAL FL	
CITY-ST-ZIP			
TITLE	V	SERAVELLO, RALPH A	<input type="checkbox"/> DELETE
NAME		2411 S.E. 8TH AVE.	
STREET ADDRESS		CAPE CORAL FL	
CITY-ST-ZIP			
TITLE	S	THOMAS, SHELLEY J	<input type="checkbox"/> DELETE
NAME		15 S.E. 20TH CT.	
STREET ADDRESS		CAPE CORAL FL	
CITY-ST-ZIP			
TITLE	TD	SLAGLE, BEVERLY	<input type="checkbox"/> DELETE
NAME		4205 S.E. 19TH AVE.	
STREET ADDRESS		CAPE CORAL FL	
CITY-ST-ZIP			
TITLE	D	WILLIAMS, DONNA	<input type="checkbox"/> DELETE
NAME		1238 SW 4TH AVE.	
STREET ADDRESS		CAPE CORAL FL	
CITY-ST-ZIP			
TITLE	D	TEW, MICHAEL	<input type="checkbox"/> DELETE
NAME		3912 SW 16TH PL.	
STREET ADDRESS		CAPE CORAL FL	
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Slagle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/96 941-939-5588
Date Daytime Phone #

CR2E037 (12/95)