## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 14 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

713264

(0)

CAPE CORAL JUNIOR FOOTBALL ASSOCIATION, INC.

J					
Principal Place	e of Business	Mailing Address		T INDES   NOODA TIODED INTER TIOPER DANAS	A181 8181 8181 8181 8181 8181 8181 8181
		P O BOX 150207 CAPE CORAL FL 33915-0207	7		
				3. Date Incorporated or Qualified 08/29/1967	3a. Date of Last Report 04/12/1996
_	ace of Business	2a. Mailing Address		4. FEI Number 59-1961249	Applied For
26     Sulte, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.				Not Applicable 88.75 Additional	
22 27			5. Certificate of Status Desired	Fee Required	
City & State City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	1 0	28	On the second	Trust Fund Contribution	Added to Fees
Zip <b>24</b>	Country 25	Z :p	Country 30	8. This corporation has liability for i	intangible tax under s. 199.032, ∃Yes <b>⊠</b> YNo
24	9. Name and Address of Curren		90]	10. Name and Address of New Re	
			81 Name		
SLAGLE, BEVERLY 4205 SE 19 AVE., #101			82 Street Ad	odress (P.O. Box Number is Not Acceptab	ole)
			83		
CAPE C	ORAL FL 33904				
	•		84 City		FL 85 Zip Code
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 register 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 pouled name of registered age		Registered Agent signature rei		DATE CAND DIDECTORS IN 10
12.	OFFICERS AND	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	WILLIAMS, RODNEY	otten	1.2 NAME		
STREET ADDRESS	1238 SW 4TH AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY - ST - ZIP		
TITLE	V	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SERAVELLO, RALPH A		2.2 NAME		
STREET ADDRESS	2411 S.E. 8TH AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	T OF CT	2.4 CITY-ST-ZIP		TI ALLES
TITLE	S TUDBAC CUELLY I	☐ ĐĒLĒTĒ	3.1 TITLE		☐ Change ☐ Addition
NAME OTOGET ADDRESS	THOMAS, SHELLY J 15 S.E. 20TH CT.		3.2 NAME		
STREET ADDRESS CITY-ST-ZIP	CAPE CORAL FL		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
TITLE	TD	DELETE	4.1 TITLE		Change Addition
NAME	SLAGLE, BERVERLY		4. 2 NAME		
STREET ADDRESS	4205 S.E. 19TH AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		4.4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		Change Addition
NAME	WILLIAMS, DONNA		5.2 NAME		
STREET ADDRESS	1238 SW 4TH AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE Name	D Tew, Michael	☐ DELETE	6.1 TITLE 6.2 NAME		ET change ET WORRDII
STREET ADDRESS	3912 SW 16TH PL.		6.3 STREET ADDRESS		
SINCE I AUUNESS	GOIL ON TOTALL		0.0 STILL I MOUNESS		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.