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FILED

Feb 13 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

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

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 Country

28 Zip 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. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ 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 Rush, YVONNE M.
82 Street Address (P.O. Box Number is Not Acceptable)
1007 SE 27th TERR.
83
84 City CAPE CORAL FL 85 Zip Code 33904

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 provisions of, Section 617.0503, Florida Statutes.

SIGNATURE

Yvonne M. Rush

YVONNE M. RUSH TREASURER

8/1/21/98

(Signature of person or printed name of registered agent and filed if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

14. I 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

SIGNATURE: Yvonne M. Rush YVONNE M. RUSH 1/21/98 772-3223

CR2E037 (10/97)