


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90051 038 ****61.25

0060642

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------

DOCUMENT # 713264

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/29/1967	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1961249	
24 Country		30 Country		Applied For	
				Not Applicable	
5. Certificate of Status Desired				8.75 Additional Fee Required	
6. Election Campaign Financing				5.00 May Be Added to Fees	
Trust Fund Contribution					

9. Name and Address of Current Registered Agent

RUSH, YVONNE M.
1007 SE 27TH TERR.
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name **Rodney Williams**
82 Street Address (P.O. Box Number is Not Acceptable) **1238 SW 4th Avenue**
83
84 City **CAPE CORAL** FL 85 Zip Code **33914**

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  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, RODNEY	1.2 NAME	KATHLEEN WADDELL
STREET ADDRESS	1238 SW 4TH AVE	1.3 STREET ADDRESS	4029 SW 2ND PLACE
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERAVELLO, RALPH A	2.2 NAME	
STREET ADDRESS	1211 SE 26TH TERR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFITHS, MELANIE	3.2 NAME	
STREET ADDRESS	714 SE 20TH CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33990	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSH, YVONNE M.	4.2 NAME	KATHLEEN A. WADDELL
STREET ADDRESS	1007 SE 27TH TERR.	4.3 STREET ADDRESS	4029 SW 2ND PL.
CITY-ST-ZIP	CAPE CORAL FL 33904	4.4 CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, DONNA	5.2 NAME	
STREET ADDRESS	1238 SW 4TH AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEW, MICHAEL	6.2 NAME	
STREET ADDRESS	3912 SW 16TH PL.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/98)