

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 713264

1. Entity Name
CAPE CORAL JUNIOR FOOTBALL ASSOCIATION, INC.



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

Mailing Address
**627 SE 32ND ST
CAPE CORAL, FL 33904**



03272007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1961249

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SERAVELLO, RALPH
627 SE 32ND ST
CAPE CORAL, FL 33904**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

RALPH SERAVELLO

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

3-27-07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**P
SERAVELLO, RALPH
627 SE 32 ST
CAPE CORAL, FL 33904**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**V
TAYLOR, JEREMY
906 SE 32 TERRACE
CAPE CORAL, FL 33904**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**S
ENGLAND, JENNIFER
1231 SE 8 TERRACE
CAPE CORAL, FL 33990**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**T
LAWRENCE, ROB
3017 SW 2 PLACE
CAPE CORAL, FL 33914**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
SERAVELLO, PAT
627 SE 32 ST
CAPE CORAL, FL 33904**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
WILLIAMS, RYAN
3208 NW 6 AVE
CAPE CORAL, FL 33993**

U00000688305
04/10/07-80074-021 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RALPH SERAVELLO

RALPH SERAVELLO

3-27-07

239-573-0490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #