

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90117 004 ****70.00

DOCUMENT # 748905

1. Entity Name
HORNETS FOOTBALL, INC.



Principal Place of Business
**1042 CYPRESS LAKE DRIVE
P O BOX 07131
FORT MYERS, FL 33919**

Mailing Address
**1042 CYPRESS LAKE DRIVE
P O BOX 07131
FORT MYERS, FL 33919**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO Box 07131

03202006

Chg-NP

CR2E037 (11/05)

City & State

City & State

Ft Myers, FL

4. FEI Number
59-2477805

Applied For

Not Applicable

Zip

Country

Zip

Country

33907

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEFRANCO, TOM
15084 CLOVERDALE DR
FT. MYERS, FL 33919**

Name **Shirley Simpson**

Street Address (P.O. Box Number is Not Acceptable)

1847 Moreno Ave

City **Ft Myers**

FL

Zip Code

33901

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

Shirley Simpson

Shirley Simpson Director

4-2-06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **COLEMAN, GREG**
STREET ADDRESS **7350 POPHAM DRIVE**
CITY-ST-ZIP **FT MYERS, FL 33919**

TITLE **D** ☐ Change ☒ Addition
NAME **Tony Votta**
STREET ADDRESS **28480 Del Lago Way**
CITY-ST-ZIP **Bonita Springs, FL 34136**

TITLE **D** ☒ Delete
NAME **DEFRANCO, TOM**
STREET ADDRESS **15084 CLOVERDALE DR**
CITY-ST-ZIP **FT. MYERS, FL 33919**

TITLE **D** ☐ Change ☒ Addition
NAME **Charles m. McCurdy**
STREET ADDRESS **5634 Shaddelee lane W**
CITY-ST-ZIP **Ft Myers, FL 33919**

TITLE **D** ☐ Delete
NAME **SHIRLEY, SIMPSON**
STREET ADDRESS **GRACE AVE.**
CITY-ST-ZIP **FORT MYERS, FL 33901**

TITLE **D** ☒ Change ☐ Addition
NAME **Shirley Simpson**
STREET ADDRESS **1847 Moreno Ave**
CITY-ST-ZIP **Ft Myers, FL 33901**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Shirley Simpson

4-2-06

239-243-7731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #