FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 770730

1. Corporation Name

CAPE CORAL GRIDIRON CLUB, INC.

Principal	Place of Busine
	20TH STREET
CAPE CO	ral FL 33991
HS	

21

2. Principal Place of Business

Mailing Address

432 S.W. 20TH STREET CAPE CORAL FL 33991

2a. Mailing Address

26

FILED Apr 23, 1999 8:00 am § Secretary of State

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3. Date Incorporated or Qualifed

10/13/1983

Suite, Apt.	pt. #, etc. Suite, Apt. #, etc.			4. FEI Number		 	lied For	
22	27			65-0175625	Not	Applicable		
City & State	8	City & State		5. Certificate of Status Desired	□ \$8.75 Ac	-		
23		28					<u>`</u>	
Zip	Country	Zip Country			6. Election Campaign Financing	□ \$5.00 N		
24	25	25 29 30			Trust Fund Contribution	Added to	rees	
****	9. Name and Address of Current I	Registered Agent			10. Name and Address of New Re	gistered Agent		
			81	Name			1	
KOENIG, ROBERT			82	Street Add	ress (P.O. Box Number is Not Acceptab	ole)		
432 S.W. 20TH STREET			-	00011	(
CAPE CORAL FL 33991			83				_	
CAPE CO	TAL FL 33331					85 Zip C		
			84	City	FL T			
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 obligations of, Section 617.0503, Florida Statutes. SIGNATURE								
OICHAI OILE	Signature, typed or printed name of registered agent a			signature require	od when reinstating)	DATE	20.151.42	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF			
TITLE	PD	☐ DELETE	1.1 TITLE			Change	☐ Addition	
NAME	Koenig, Robert		1.2 NAME		•		İ	
STREET ADDRESS	432 S.W. 20TH STREET		1.3 STREET	ADDRESS				
CITY-ST-ZIP	CAPE CORAL FL 33991		1.4 CITY-ST	-ZIP				
TITLE	TD	☐ DELETE	2,1 TITLE			☐ Change	Addition	
NAME	GLAZER, CAROL		2.2 NAME					
STREET ADDRESS	2601 SHELBY PARKWAY	r.	2.3 STREET	ADDRESS			•	
CITY-ST-ZIP	CAPE CORAL FL 33904	•	2. 4 CITY-S	r-zip	· .			
TITLE	D	▼ DELETE	3.1 TITLE			Change	☐ Addition	
NAME	HALE. JAMES		3.2 NAME					
STREET ADDRESS	244-S.W. 33RD TERRACE		3.3 STREET	ADDRESS			Ì	
CITY-ST-ZIP	CAPE CORAL FL 33914		3.4. CITY-S	T-ZIP				
TITLE	D	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition	
NAME	Richard Fisher	_	4, 2 NAME				1	
STREET ADDRESS	624 SE 36+6 St	reet-	4.3 STREET	ADDRESS				
CITY-ST-ZIP	Cape Coral, FL 33904		4.4 CITY-ST	r-ZIP				
TITLE	.)	☐ DELETE	5.1 TITLE			☐ Change	☐ Addition	
NAME	Thomas Hervey		5.2 NAME				ļ	
STREET ADDRESS	Thomas Hervey	 -	5.3 STREET	ADDRESS			Ī	
CITY-ST-ZIP	N. Ft Luyers, FL	33903	5.4 CITY-ST	-ZIP				
TITLE · '		☐ DELETE ,	6.1 TITLE			Change	☐ Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS		•	1	
CITY-ST-ZIP	'/		6.4 CITY-ST	r-ZIP				

ulify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of accurate and that my signature shall have the same legal effect as if made under oath; that I am an led to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in with all other like empowered. 14. I hereby certify that the information supplied with this filling opindicated on this annual report or supplement annual reportion of the reportion of th

SIGNATURE: