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Mar 09 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Meytham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N25538** (2)

1. Corporation Name

**SOUTHWEST FLORIDA POP WARNER FOOTBALL CONFERENCE
, INC.**

Principal Place of Business

Mailing Address

**18433 QUINCE RD
FT MYERS FL 33912
US**

**18433 QUINCE RD
FT MYERS FL 33912
US**

3. Date Incorporated or Qualified

03/22/1988

4. FEI Number

65-0195287

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MACKENZIE, GREGORY
18433 QUINCE RD
FT MYERS FL 33912**

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **GUNN, TIM**
STREET ADDRESS **2220 FAIRWAY TERR**
CITY-ST-ZIP **LEHIGH ACRES FL**

1.1 TITLE **President - PD** ☒ Change ☐ Addition
1.2 NAME **DAVE ROSS**
1.3 STREET ADDRESS **9773 Campbell Cir.**
1.4 CITY-ST-ZIP **NAPLES, Florida, 34109**

TITLE **VD** ☒ DELETE
NAME **LEE, MIKE**
STREET ADDRESS **171 STEVES LN.**
CITY-ST-ZIP **NAPLES FL 33962**

2.1 TITLE **VICE President - VD** ☒ Change ☐ Addition
2.2 NAME **Becky Rodriguez**
2.3 STREET ADDRESS **1303 Hibiscus Dr.**
2.4 CITY-ST-ZIP **N. Ft. Myers, Florida, 33903**

TITLE **SD** ☐ DELETE
NAME **DELAGO, NANNETT A**
STREET ADDRESS **9150 MORRIS RD**
CITY-ST-ZIP **FT MYERS FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **MACKINZE, GREG**
STREET ADDRESS **15981 WINKLER ROAD**
CITY-ST-ZIP **FT. MYERS FL 33908**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

Gregory Mackenzie

1/12/98

(941) 433-0660

CR2E037 (10/97)