

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90127 031 ****70.00

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DOCUMENT # N25538

1. Corporation Name

SOUTHWEST FLORIDA POP WARNER FOOTBALL CONFERENCE
, INC.

Principal Place of Business

18433 QUNICE RD
FT MYERS FL 33912
US

Mailing Address

18433 QUINCE RD
FT MYERS FL 33912
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/22/1988

4. FEI Number

65-0195287

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MACKENZIE, GREGORY
18433 QUINCE RD
FT MYERS FL 33912

10. Name and Address of New Registered Agent

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

TITLE PD
NAME ROSS, DAVE
STREET ADDRESS 9773 CAMPBELL CIR
CITY-ST-ZIP NAPLES FL 34109

DELETE

TITLE VPD
NAME RODRIGUEZ, BECKY
STREET ADDRESS 1303 HIBISCUS DR
CITY-ST-ZIP N FT MYERS FL 33903

DELETE

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

DELETE

TITLE TD
NAME MACKINZE, GREG
STREET ADDRESS 15961 WINKLER ROAD
CITY-ST-ZIP FT. MYERS FL 33908

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE VPD
2.2 NAME DAMON ~~Shelton~~ Shelor
2.3 STREET ADDRESS 1119 5th AVE
2.4 CITY-ST-ZIP Lehigh FL 33972

Change Addition

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

Change Addition

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

Change Addition

5.1 TITLE MD
5.2 NAME Troy D. Collins
5.3 STREET ADDRESS 5097 Northampton Dr.
5.4 CITY-ST-ZIP Ft Myers, FL 33919

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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 REQUIRED

3-1-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)