2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N32752

ESTÉRO, SAN CARLOS PARK, BONITA SPRINGS (ESB) JR., FOOTBALL ASST. CORP.



FILED Jan 21, 2005 8:00 am Secretary of State 01-21-2005 90059 030 ****70.00

Principal Plac 9100 WILLIA ESTERO, FL	MS RD.	Mailing Address P.O. BOX 1355 ESTERO, FL 33928		. I INDITIAL A BR IKIN I INDIX INDIX INDIX ANDI AKBI AKBI AKBI ANDIX ANDIX ANDIX ANDIX ANDIX BY		
2. Principal P	face of Business	3. Mailing Address				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01112005 Chg-NP CR2E037 (10/03)		
City & State	е	City & State		4. FEI Number Applied For 65-0174722 Not Applicable		
Zíp	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent		
DRIGGERS, SHARON 7627 WINGED FOOT DRIVE FORT MYERS, FL 33912			1.5	Jim Warner Address (P.O. Box Number is Not Acceptable) 9 246 Miami Blvd		
		•	City C	=+ myers FL 33912		
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 reflistered agent. Jimmy Warner						
SIGNATURE.	Storaure hypod or printed ny ne of registered agent a	Warner inditile if applicable. (NOTE: F	Registered Agent signa	1 - 18 - 05 attire required when reinstating) DATE		
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co	-	\$5.00 May Be Added to Fees Make check payable to Florida Department of State		
10.	OFFICERS AND DIF	ECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	Delete	TITLE	President		
NAME	DRIGGERS, SHARON		NAME	Jim Warner		
STREET ADDRESS	7627 WINGED FOOT DRIVE		STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP	Ft Myers FL 33912		
TITLE	VPD	Delete	TITLE	V		
NAME	WARNER, JIMMY		NAME	Joyce Wadsworth		
STREET ADDRESS	19246 MIAMI BLVD.	•	STREET ADDRESS	1		
CITY-ST-ZIP	FT MYERS, FL 33912		CITY-ST-ZIP	Ft myers FL 33912		
TITLE	S	Delete Delete	TITLE	T ☐ Change ☐ Addition		
NAME	HEWORTH, TINA		NAME	Tammi Schweitzer		
STREET ADDRESS	8056 PELICAN RD		STREET ADDRESS	20521 Pine Tree Lane		
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP	Estero FL 33928		
TITLE	TD	Delete	TITLE	S □ Change □ Addition		
NAME	SCHWEITZER, TAMMI		NAME	Doug Chase		
STREET ADDRESS	20521 PINE TREE LANE		STREET ADDRESS			
CITY-ST-ZIP	ESTERO, FL 33928		CITY-ST-ZIP	Bonita Springs FL 34135		
TITLE	М	Delete	TITLE	D Change Addition		
NAME	SEGAL, RICHARD A		NAME	Paul Schweitzer		
STREET ADDRESS	17340 STEPPING STONE DR.		STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP	Estero FL 33928		
TITLE	M	Delete	TITLE	D		
NAME	WADSWORTH, JOYCE LEE		NAME	Tina Haworth		
STREET ADDRESS	8245 PENNSYLVANIA BLVD.		STREET ADDRESS CITY-ST-ZIP	1000 16 (1641) 11-		
CITY-ST-ZIP	FORT MYERS, FL 33912		CHT-SI-ZIP	Ft myers FL 33912		

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or suppliemental 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: Symmy & Warner	1.18-05	3 3 9 340-8088
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytme Phone #