

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001527 (1)

1. Corporation Name

NAPLES POP WARNER FOOTBALL, INC.



Principal Place of Business

Mailing Address

% LAWRENCE A. FARESE
3001 TAMiami TRAIL NORTH
NAPLES FL 33940

% LAWRENCE A. FARESE
3001 TAMiami TRAIL NORTH
NAPLES FL 33940

3. Date Incorporated or Qualified
04/05/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 9773 Campbell Cir.

26 P.O. Box 7793

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Naples, FL

28 Naples, FL

Zip

Country

Zip

Country

24 33942

25 USA

29 34101

30 USA

4. FEI Number

65-0401570

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FARESE, LAWRENCE A
3001 TAMiami TRAIL NORTH
NAPLES FL 33940

81 Name

DAVID W. ROSS

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

9773 CAMPBELL CIR.

83

84 City

NAPLES

FL

85 Zip Code

33942

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 obligation 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)

7-1-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DC
NAME FARESE, LAWRENCE A
STREET ADDRESS 3701 CYPRESS HOLLOW WAY
CITY-ST-ZIP NAPLES FL 33942

DELETE

1.1 TITLE DC
1.2 NAME K.C. Long
1.3 STREET ADDRESS 963 4th AVE.S.
1.4 CITY-ST-ZIP NAPLES, FL 33940

Change Addition

TITLE D
NAME MATULAY, EDWARD
STREET ADDRESS 5049 28TH PLACE S.W.
CITY-ST-ZIP NAPLES FL 33999

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME EISENGER, GARY
STREET ADDRESS 779 100TH AVE N
CITY-ST-ZIP NAPLES FL

DELETE

3.1 TITLE D.P.
3.2 NAME DAVID ROSS
3.3 STREET ADDRESS 9773 CAMPBELL CIR
3.4 CITY-ST-ZIP NAPLES, FL 33942

Change Addition

TITLE D
NAME POORE, SANDY
STREET ADDRESS 361 12 ST., N.E.
CITY-ST-ZIP NAPLES FL 33964

DELETE

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

Change Addition

TITLE D
NAME HOLTZ, PATRICIA
STREET ADDRESS 8010 VER CRUZ WAY
CITY-ST-ZIP NAPLES FL 33942

DELETE

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

Change Addition

TITLE D
NAME CECIL, LAURA
STREET ADDRESS 5060 5TH AVE N
CITY-ST-ZIP NAPLES FL

DELETE

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

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-96

DATE

941-513-0640

Daytime Phone #