

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Sep 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000001527 (1)**

1. Corporation Name

**NAPLES POP WARNER FOOTBALL, INC.**



Principal Place of Business <b>9773 CAMPBELL CIR 3001 TAMIAMI TRAIL NORTH NAPLES FL 33940 US</b>	Mailing Address <b>P.O. BOX 7793 3001 TAMIAMI TRAIL NORTH NAPLES FL 33940 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	3. Date Incorporated or Qualified <b>04/05/1993</b>	3a. Date of Last Report <b>07/05/1996</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	4. FEI Number <b>65-0401570</b>	Applied For <input type="checkbox"/> Not Applicable
City & State <b>23</b>	City & State <b>28</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip <b>24</b>	Country <b>25</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip <b>29</b>	Country <b>30</b>	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROSS, DAVID W  
9773 CAMPBELL CIR  
NAPLES FL 33940**

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 <b>DC</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>DT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>LONG, K C</b>		1.2 NAME <b>Susan Eisinger</b>	
STREET ADDRESS <b>963 4TH AVE S</b>		1.3 STREET ADDRESS <b>8030 San Simeon Way</b>	
CITY-ST-ZIP <b>NAPLES FL</b>		1.4 CITY-ST-ZIP <b>NAPLES, FL 34109</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MATULAY, EDWARD</b>		2.2 NAME	
STREET ADDRESS <b>5049 28TH PLACE S.W.</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>NAPLES FL 33909</b>		2.4 CITY-ST-ZIP	
TITLE <b>DP</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROSS, DAVID</b>		3.2 NAME	
STREET ADDRESS <b>9773 CAMPBELL CIR</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>NAPLES FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>POORE, SANDY</b>		4.2 NAME	
STREET ADDRESS <b>381 12 ST., N.E.</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>NAPLES FL 33964</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HOLTZ, PATRICIA</b>		5.2 NAME	
STREET ADDRESS <b>8010 VER CRUZ WAY</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>NAPLES FL 33942</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CECIL, LAURA</b>		6.2 NAME	
STREET ADDRESS <b>5080 5TH AVE N</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>NAPLES FL</b>		6.4 CITY-ST-ZIP	

14. I do 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

SIGNATURE REQUIRED

9-1-97

9/11/97-0150

CR2E037 (4/97)