

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
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90209 039 ****61.25

DOCUMENT # N93000001527

1. Corporation Name

NAPLES POP WARNER FOOTBALL, INC.

Principal Place of Business

9773 CAMPBELL CIR
3001 TAMiami TRAIL NORTH
NAPLES FL 34109

Mailing Address

P.O. BOX 7793
3001 TAMiami TRAIL NORTH
NAPLES FL 34101

US

US

2. Principal Place of Business

21 5060 Hickory Wood

Suite, Apt. #, etc.

22

City & State

23 Naples, FL

Zip

24 FL

Country

25 US

2a. Mailing Address

26 PO Box 7793

Suite, Apt. #, etc.

27 3001 Tamiami Tr. N.

City & State

28 Naples, FL

Zip

29 34101

Country

30 US

3. Date Incorporated or Qualified

04/05/1993

4. FEI Number

65-0401570

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

ROSS, DAVID W
9773 CAMPBELL CIR
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

Marvin Cecil

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

5060 Hickory Wood

83

84 City

Naples

FL

85 Zip Code

34119

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

4/27/99

12. OFFICERS AND DIRECTORS

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	EISINGER, SUSAN	
STREET ADDRESS	8030 SAN SIMEON WAY	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MATULAY, EDWARD	
STREET ADDRESS	2310 ARBOUR WALK CIRCLE, #1224	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	ROSS, DAVID	
STREET ADDRESS	9773 CAMPBELL CIR	
CITY-ST-ZIP	NAPLES FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	LEA, SHARON	
STREET ADDRESS	6724 TRAIL BLVD	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	MATULAY, TRISH	
STREET ADDRESS	2310 ARBOUR WALK CIRCLE, #1224	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Cecil, Marvin	
1.3 STREET ADDRESS	5060 Hickory Wood	
1.4 CITY-ST-ZIP	Naples, FL 34119	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Eisinger, Gary	
2.3 STREET ADDRESS	8030 San Simeon Way	
2.4 CITY-ST-ZIP	Naples, FL	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Bethea, Debbie	
3.3 STREET ADDRESS	8143 Las Palmas Way	
3.4 CITY-ST-ZIP	Naples, FL	
4.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Wolfe, Nancy	
4.3 STREET ADDRESS	640 12th St. SE	
4.4 CITY-ST-ZIP	Naples, FL 34117	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/99 941-353-4285

CR2E037 (1/98)