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May 05, 1999 8:00 am
Secretary of State

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

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

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

496226-90209-39



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 5060 Hickory Wood		26 PO Box 7793		04/05/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27 3001 Tamiami Tr. N.		65-0401570	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23 Naples, Fl		28 Naples, FL		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing <input type="checkbox"/>	
24 Fl US		29 34101 30 US		\$5.00 May Be Added to Fees	

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			
				Naples 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 *Marvin Cecil* DATE 4/27/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISINGER, SUSAN	1.2 NAME	Cecil, Marvin
STREET ADDRESS	8030 SAN SIMEON WAY	1.3 STREET ADDRESS	5060 Hickory Wood
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Naples, Fl 34119
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATULAY, EDWARD	2.2 NAME	Eisinger, Gary
STREET ADDRESS	2310 ARBOUR WALK CIRCLE, #1224	2.3 STREET ADDRESS	8030 San Simeon Way
CITY-ST-ZIP	NAPLES FL 34109	2.4 CITY-ST-ZIP	Naples, FL
TITLE	DP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, DAVID	3.2 NAME	Bethea, Debbie
STREET ADDRESS	9773 CAMPBELL CIR	3.3 STREET ADDRESS	8143 Las Palmas Way
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	Naples, Fl
TITLE	DV <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEA, SHARON	4.2 NAME	Wolfe, Nancy
STREET ADDRESS	6724 TRAIL BLVD	4.3 STREET ADDRESS	640 12th St. SE
CITY-ST-ZIP	NAPLES FL 34108	4.4 CITY-ST-ZIP	Naples, FL 34117
TITLE	DS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATULAY, TRISH	5.2 NAME	
STREET ADDRESS	2310 ARBOUR WALK CIRCLE, #1224	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34109	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Marvin Cecil* SIGNATURE REQUIRED DATE 4/27/99 DAYTIME PHONE # 941-353-4285

CR2E037 (1/98)