

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000001330 (8)

1. Corporation Name

LELY POP WARNER FOOTBALL, INC.



Principal Place of Business

**586 YUCCA DRIVE
NAPLES FL 33940**

Mailing Address

**586 YUCCA DRIVE
NAPLES FL 33940**

3. Date Incorporated or Qualified
03/20/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 825 Fifth Avenue South

26 P.O. Box 2524

4. FEI Number
65-0557113

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

City & State

City & State

23 Naples, Florida

28 Naples, Florida

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 33940

25 Collier

29 33939-2524

30 Collier

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

**BOWES, DOUGLAS
586 YUCCA DRIVE
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

Athletic Director

March 21, 1996

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	D	<input checked="" type="checkbox"/> DELETE
NAME	PAGLIAROLI, FRANK	
STREET ADDRESS	104 CHERRY HILL COURT	
CITY-ST-ZIP	NAPLES FL 33962	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BECHTEL, JUDY	
STREET ADDRESS	2965 WOODSIDE AVENUE	
CITY-ST-ZIP	NAPLES FL 33962	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SIZEMORE, TIM	
STREET ADDRESS	2885 PINE RUN ROAD	
CITY-ST-ZIP	NAPLES FL 33942	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WALSH, HOLLY	
STREET ADDRESS	6017 HOLLOW DRIVE	
CITY-ST-ZIP	NAPLES FL 33962	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VAN WINKLE, BOB	
STREET ADDRESS	471 GRAY COURT	
CITY-ST-ZIP	MARCO ISLAND FL 33937	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, KIM	
STREET ADDRESS	608 SQUIRE COURT	
CITY-ST-ZIP	NAPLES FL 33942	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jackie Miller	
1.3 STREET ADDRESS	608 Squire Court	
1.4 CITY-ST-ZIP	Naples, Florida 33942	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Robin Sizemore	
2.3 STREET ADDRESS	2885 Pine Run Road	
2.4 CITY-ST-ZIP	Naples, Florida 339	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jodie O'Driscoll	
3.3 STREET ADDRESS	3653 Kent Drive	
3.4 CITY-ST-ZIP	Naples, Florida 33942	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Terry Cooper	
4.3 STREET ADDRESS	5409 Sholtz Street	
4.4 CITY-ST-ZIP	Naples, Florida 33962	
5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Lucy D'Amico	
5.3 STREET ADDRESS	P.O. Box 2524	
5.4 CITY-ST-ZIP	Naples, Florida 33939-2524 N/A	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Douglas Bowes	
6.3 STREET ADDRESS	586 Yucca Drive	
6.4 CITY-ST-ZIP	Naples, Florida 33940	

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: Douglas Bowes, Athletic Director 3-21-96 (941)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)