

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 08, 1999 8:00 am
Secretary of State

09-08-1999 90005 036 ****70.00

DOCUMENT # N97000003703

Corporation Name

NAPLES RUGBY FOOTBALL CLUB, INC.

Principal Place of Business
341 BURNING TREE DRIVE
NAPLES FL 34105

Mailing Address
341 BURNING TREE DRIVE
NAPLES FL 34105



Principal Place of Business 17497 Lebanon Rd		2a. Mailing Address 17497 Lebanon Rd		3. Date Incorporated or Qualified 06/26/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3488104	
City & State Ft Myers FL		City & State Ft Myers FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33912		Zip 33912		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country USA		Country USA			
9. Name and Address of Current Registered Agent VASQUEZ, MELISSA A ESQ 341 BURNING TREE DRIVE NAPLES FL 34105				10. Name and Address of New Registered Agent	
				81 Name Edward MURPHY	
				82 Street Address (P.O. Box Number is Not Acceptable) 17497 Lebanon Rd	
				83	
				84 City Ft Myers FL	
				85 Zip Code 33912	

I, 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: Edward Murphy Edward Murphy Treasurer 8/8/99
(NOTE: Registered Agent signature required when reinstating)

2. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
LE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
ME	VASQUEZ, ERIC J		1.2 NAME	Edward W. MURPHY			
REET ADDRESS	341 BURNING TREE DR		1.3 STREET ADDRESS	17497 Lebanon Rd			
Y-ST-ZIP	NAPLES FL 34105		1.4 CITY-ST-ZIP	Ft Myers FL 33912			
LE	SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
ME	ENGLISH, THOMAS		2.2 NAME	ERIC J. Vasquez			
REET ADDRESS	SACRAMENTO WAY		2.3 STREET ADDRESS	341 Burning Tree Dr.			
Y-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	NAPLES, FL 34105			
LE	TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
ME	ANDRETTI, JOE		3.2 NAME	Ken Simmons			
REET ADDRESS	406 A MEADOWLARK LN		3.3 STREET ADDRESS	1449 Rosada Wy.			
Y-ST-ZIP	NAPLES FL 34105		3.4 CITY-ST-ZIP	Ft Myers FL 33901			
LE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
ME			4.2 NAME				
REET ADDRESS			4.3 STREET ADDRESS				
Y-ST-ZIP			4.4 CITY-ST-ZIP				
LE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
ME			5.2 NAME				
REET ADDRESS			5.3 STREET ADDRESS				
Y-ST-ZIP			5.4 CITY-ST-ZIP				
LE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
ME			6.2 NAME				
REET ADDRESS			6.3 STREET ADDRESS				
Y-ST-ZIP			6.4 CITY-ST-ZIP				

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: Edward Murphy Edward Murphy 8/8/99 941-590-7664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)