

FILE NOW: FILING FEE IS \$61.25

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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthum Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 756901 (5)
1. Corporation Name
ARCADIA EAGLES OF DESOTO COUNTY, FLORIDA, INC.



Principal Place of Business 150 SO POLK P.O. BOX 1499 ARCADIA FL 33821	Mailing Address 150 SO POLK P.O. BOX 1499 ARCADIA FL 34265-1499
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3. Date Incorporated or Qualified 03/24/1981	3a. Date of Last Report 03/01/1996
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2. Principal Place of Business 21. Suite, Apt #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number 59-1873449	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CONTE, FRANCIS J
1727 SW WHISPERING PINE
ARCADIA FL 33821**

10. Name and Address of New Registered Agent
81. Name **HARVELL, LEROY**
82. Street Address (P.O. Box Number is Not Acceptable)
2490 SE RICE ST
83. City **ARCADIA** FL 85. Zip Code **34266**

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]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONTE, FRANCIS J	1.2 NAME	HARVELL, LEROY
STREET ADDRESS	1727 SE WHISPERING PINE	1.3 STREET ADDRESS	2490 SE RICE ST
CITY - ST - ZIP	ARCADIA FL 33821	1.4 CITY - ST - ZIP	ARCADIA, FL 34266
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVELL, LEROY	2.2 NAME	FOX, JOE
STREET ADDRESS	2490 SE RICE ST.	2.3 STREET ADDRESS	1437 SE 15TH AVE
CITY - ST - ZIP	ARCADIA FL 33821	2.4 CITY - ST - ZIP	ARCADIA, FL 34266
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, J. D.	3.2 NAME	GARDNER, RICHARD
STREET ADDRESS	5104 NE SANDY RD.	3.3 STREET ADDRESS	3096 SW HARVEY AVE
CITY - ST - ZIP	ARCADIA FL 33821	3.4 CITY - ST - ZIP	ARCADIA, FL 34266
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRINCE, JAMES	4.2 NAME	MANNING, JOE
STREET ADDRESS	1504 AIRPORT	4.3 STREET ADDRESS	2772 TAMMAMITR.
CITY - ST - ZIP	ARCADIA FL 33821	4.4 CITY - ST - ZIP	PORT CHARLOTTE, FL 34268
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLUTTER, KARL	5.2 NAME	BROWN, JAMES
STREET ADDRESS	2828 NE HWY 70	5.3 STREET ADDRESS	600 W GIBSON ST APT 140
CITY - ST - ZIP	ARCADIA FL 33821	5.4 CITY - ST - ZIP	ARCADIA, FL 34266
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTON, BUFORD	6.2 NAME	MANSFIELD, BILL
STREET ADDRESS	13996 NE HWY 70	6.3 STREET ADDRESS	1180 NE CROSS AVE
CITY - ST - ZIP	ARCADIA FL 33821	6.4 CITY - ST - ZIP	ARCADIA, FL 34266

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: *William L. Roan* **William L. Roan Sec** 4/25/97 491-0713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0063928

CR2E037 (9/96)