


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90010 030 \*\*\*\*61.25

0068450

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 756901**

1. Corporation Name  
**ARCADIA EAGLES OF DESOTO COUNTY, FLORIDA, INC.**

Principal Place of Business 150 SO POLK <del>P.O. BOX 1499</del> ARCADIA FL <del>33821</del>	Mailing Address 150 SO POLK <del>P.O. BOX 1499</del> ARCADIA FL <del>33821</del>
---	---



2. Principal Place of Business 21 <b>150 S POLK AVE</b> Suite, Apt. #, etc. 22 <b>ARCADIA, FL.</b> City & State 23 <b>ARCADIA, FL.</b> Zip Country 24 <b>34266</b> 25 <b>DESOTA</b>	2a. Mailing Address 26 <b>150 S. POLK AVE</b> Suite, Apt. #, etc. 27 City & State 28 <b>ARCADIA, FL.</b> Zip Country 29 <b>34266</b> 30 <b>DESOTA</b>	3. Date Incorporated or Qualified <b>03/24/1981</b>	4. FEI Number <b>59-1873449</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
--	--	--	---	---	--

9. Name and Address of Current Registered Agent

**WHITE, EDWARD E**  
**2626 N.E. HWY. 70**  
**#60**  
**ARCADIA FL 34266**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>C</b> <input type="checkbox"/> DELETE
NAME	<b>FOX, JOE</b>
STREET ADDRESS	<b>1437 SE 1ST AVE</b>
CITY-ST-ZIP	<b>ARCADIA FL 34266</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>ATTRILL, STEVE</b>
STREET ADDRESS	<b>410 N. POLK AVE.</b>
CITY-ST-ZIP	<b>ARCADIA FL 34266</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>WHITE, EDWARD E</b>
STREET ADDRESS	<b>2626 N.E. HWY. 70 #60</b>
CITY-ST-ZIP	<b>ARCADIA FL 34266</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>MANNING, JOE</b>
STREET ADDRESS	<b>114 N. DADE, APT. 2</b>
CITY-ST-ZIP	<b>ARCADIA FL 34266</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>CORCORAN, EDWARD J</b>
STREET ADDRESS	<b>2371 S.E. HWY. 31 SOUTH, LOT 23</b>
CITY-ST-ZIP	<b>ARCADIA FL 34266</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>BLAIR, RONALD K</b>
STREET ADDRESS	<b>1177 S.E. 7TH AVE.</b>
CITY-ST-ZIP	<b>ARCADIA FL 34266</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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: Edward E. White **REQUIRED** 1-5-99 941-494-1749

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)