

**2004 NOT-FOR-PROFIT CORPORAT
ANNUAL REPORT (AR)**

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90095 017 ****61.25

DOCUMENT # 756901			
1. Entity Name ARCADIA EAGLES OF DESOTO COUNTY, FLORIDA, INC.			
Principal Place of Business 150 SO POLK ARCADIA FL 34266		Mailing Address 150 SO POLK ARCADIA FL 34266	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent WHITE, EDWARD E 2626 N.E. HWY. 70 #60 ARCADIA FL 34266		7. Name and Address of New Registered Agent Name: James n Hitsman Street Address (P.O. Box Number is Not Acceptable): 1327 Pine wood NW ave City: arcadia FL Zip Code: 34266	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	C	<input checked="" type="checkbox"/> Delete	
NAME	KALMES, ROBERT R		
STREET ADDRESS	2217 NW GARVIN AVE		
CITY-ST-ZIP	ARCADIA FL 34266		
TITLE	P	<input checked="" type="checkbox"/> Delete	
NAME	GAME, JAMES X		
STREET ADDRESS	1119 E OAK		
CITY-ST-ZIP	ARCADIA FL 34266		
TITLE	ST	<input checked="" type="checkbox"/> Delete	
NAME	WHITE, EDWARD E		
STREET ADDRESS	2626 N.E. HWY. 70 #60		
CITY-ST-ZIP	ARCADIA FL 34266		
TITLE		<input checked="" type="checkbox"/> Delete	
NAME	POWERS, ROGER		
STREET ADDRESS	32 IOVAS		
CITY-ST-ZIP	ARCADIA FL 34266		
TITLE		<input checked="" type="checkbox"/> Delete	
NAME	ECCLES, RON		
STREET ADDRESS	1711 CROSS AVE		
CITY-ST-ZIP	ARCADIA FL 34265		
TITLE		<input checked="" type="checkbox"/> Delete	
NAME	RANDALL, JAMES A		
STREET ADDRESS	4963 NW LOCUST ST		
CITY-ST-ZIP	ARCADIA FL 34266		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	WP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	Ronald w olson		
STREET ADDRESS	1548 S.E. PAAR DR		
CITY-ST-ZIP	arcadia FLA 34266		
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	JAMES PRICE		
STREET ADDRESS	1504 SE AIRPORT Rd.		
CITY-ST-ZIP	ARCADIA, FLA, 34266		
TITLE	Secy	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	James Hitsman		
STREET ADDRESS	1327 Pine wood av NW		
CITY-ST-ZIP	arcadia FLA 34266		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	Trustee Vance Koenig		
STREET ADDRESS	810 w alabon st		
CITY-ST-ZIP	arcadia FLA 34266		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	Trustee Tommy W Fngle		
STREET ADDRESS	5091 Duncan Rd #4		
CITY-ST-ZIP	Ponta Gorda FLA		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	Trustee Frank Fisher		
STREET ADDRESS	221 Bridle Path		
CITY-ST-ZIP	arcadia FLA 34266		
12. 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 report or supplemental 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 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 10 or changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: James Hitsman _____ DATE _____ DAYTIME PHONE # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

54060434



MOORE CR2E037 (11/03)

4. FEI Number **59-1873449**

Applied For Not Applicable

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

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Due By May 1, 2004**

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SIGNATURE: **James Hitsman** _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR