



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90159 001 ****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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		50024500  1st MOORE CR2E037 (10/04)	
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent HITSMAN, JAMES N 1327 PINWOOD NW AVE ARCADIA FL 34266				4. FEI Number 59-1873449 Applied For Not Applicable	
7. Name and Address of New Registered Agent Name: <u>Steve Carter</u> Street Address (P.O. Box Number is Not Acceptable): <u>1554 WHISPERING PINE DR.</u> City: <u>ARCADIA</u> State: <u>FL</u> Zip Code: <u>34266</u>				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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: <u>Steve A. Carter</u> <u>Steve Carter, Secretary</u> 1- -2005 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE: WP NAME: OLSON, RONALD W STREET ADDRESS: 1548 SE PEAR DRIVE CITY-ST-ZIP: ARCADIA FL 34266 <input checked="" type="checkbox"/> Delete	TITLE: James WP NAME: PRINCE, JAMES STREET ADDRESS: 1504 SE AIRPORT RD CITY-ST-ZIP: ARCADIA, FL 34266 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE: VP NAME: PRINCE, JAMES STREET ADDRESS: 1504 SE AIRPORT ROAD CITY-ST-ZIP: ARCADIA FL 34266 <input type="checkbox"/> Delete	TITLE: VP NAME: PLATT GEORGE STREET ADDRESS: 1625 Pine oak rd CITY-ST-ZIP: ARCADIA, FL 34266 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE: ST NAME: HITSMAN, JAMES STREET ADDRESS: 1327 PINWOOD NW AVE CITY-ST-ZIP: ARCADIA FL 34266 <input checked="" type="checkbox"/> Delete	TITLE: Secretary NAME: Steve Carter STREET ADDRESS: 1554 S.E. WHISPERING PINE DR CITY-ST-ZIP: ARCADIA, FL, 34266 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE: T NAME: KOERING, VINCE STREET ADDRESS: 810 WALDON ST CITY-ST-ZIP: ARCADIA FL 34266 <input type="checkbox"/> Delete	TITLE: T NAME: RON CURRINGTON STREET ADDRESS: 82 michigan ave CITY-ST-ZIP: ARCADIA, FL, 34266 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE: I NAME: INGLE, TOMMY W STREET ADDRESS: 5901 DUNCAN ROAD #4 CITY-ST-ZIP: PONTA GONDA FL <input type="checkbox"/> Delete	TITLE: I NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE: I NAME: FISHOR, FRANK STREET ADDRESS: 221 BRIDLE PATH CITY-ST-ZIP: ARCADIA FL 34266 <input checked="" type="checkbox"/> Delete	TITLE: I NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Steve A. Carter</u> <u>Steve Carter, Secretary</u> 1- -2005 863-494-1749 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					