## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#756901** 

FILED Jan 09, 2009 Secretary of State

Entity Name: ARCADIA EAGLES OF DESOTO COUNTY, FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 150 SO POLK ARCADIA, FL 34266 **Current Mailing Address: New Mailing Address:** 150 SO POLK ARCADIA, FL 34266 FEI Number: 59-1873449 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SVIHLIK, ALLEN R 1451 SE WHISPER PINE DR ARCADIA, FL 34266 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition BARR, JAMES M HITSMAN, JAMES Name: Name: 3902 N KNOLLWOOD DR Address: 1327 W. PINEWOOD AVE. Address: City-St-Zip: ARCADIA, FL 34266 City-St-Zip: ARCADIA, FL 34266 Title: ( ) Delete Title: (X) Change ( ) Addition WALTERS, JAMES Name: JACKSON, HAROLD L Name: Address: 10915 GOODALL RD LOT 209 Address: 29 S POLK City-St-Zip: **DURAND, MI 48429** City-St-Zip: ARCADIA, FL 34266 Title: () Delete Title: () Change () Addition SVIHLIK, ALLEN R Name: Name: 1451 SE WHISPER PINE DR Address: Address: City-St-Zip: ARCADIA, FL 34266 City-St-Zip: Title: ( ) Delete Title: () Change () Addition KOERING, VINCE Name: Name: 1627 FLORIDAN CIR Address: Address: City-St-Zip: ARCADIA, FL 34266 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition POLEIK, DAVID POLEIK, DAVID Name: Name: 2626 NE HWY 70 MTB1 2626 NE HWY 70 MTB1 Address: Address: City-St-Zip: ARCADIA, FL 54266 City-St-Zip: ARCADIA, FL 34266 Title: () Delete Title: ( ) Change (X) Addition KELLY, RONALD S Name: Name: Address: Address: 2351 E. SHADY CIRCLE ARCADIA, FL 34266 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLEN R. SVIHLIK SEC. 01/09/2009