

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000004431

**FILED**  
**Feb 12, 2017**  
**Secretary of State**  
**CC0115089563**

**Entity Name:** EAGLES MENS LACROSSE INC

**Current Principal Place of Business:**

9091 CORAL GABLES RD.  
FORT MYERS, FL, FL 33967

**Current Mailing Address:**

9091 CORAL GABLES RD.  
FORT MYERS, FL, FL 33967 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MIGEDT, HUNTER  
9091 CORAL GABLES RD.  
FORT MYERS, FL, FL 33967 US

*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:** HUNTER MIGEDT

02/12/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            JOHNSON, JACOB  
Address        9091 CORAL GABLES RD.  
City-State-Zip: FORT MYERS, FL FL 33967

Title            VP  
Name            MIGEDT, HUNTER  
Address        10485 CORKSCREW COMMONS  
                  DRIVE  
                  UNIT 104  
City-State-Zip: ESTERO FL 33928

Title            TREASURER  
Name            FITZGERALD, CRAIG  
Address        19068 MURCOTT DR E  
City-State-Zip: FORT MYERS FL 33967

Title            SECRETARY  
Name            JONES, SPENCER  
Address        4612 SE 20TH PLACE  
City-State-Zip: CAPE CORAL FL 33904

*I hereby 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 all other like empowered.*

**SIGNATURE:** JACOB JOHNSON

**PRESIDENT**

02/12/2017

Electronic Signature of Signing Officer/Director Detail

Date