

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

01-23-2007 90043 009 ****61.25

DOCUMENT # 717595 1. Entity Name SILVER EAGLES ASSOCIATION, INC.					
Principal Place of Business 187 SPRUCE STREET NEW SMYRNA BEACH FL 32168			Mailing Address 187 SPRUCE ST NEW SMYRNA BEACH FL 32168		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 23-7064479 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		1st MOORE CR2E037 (10/06)			
6. Name and Address of Current Registered Agent FIFE, ROBERT R 187 SPRUCE ST NEW SMYRNA BEACH FL 32168			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ Signature, typed or printed name of registered agent and (if applicable, (NOR) Registered Agent signature required when registering) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY ST ZIP	PRES DUNSWORTH, EWEL E 25 BLUE HERON CIRCLE ROCKPORT TX 78382	☐ Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	VP PESSELLO, JOSEPH T 346 SAPHIRE CTD SAN JOSE CA 95136	☐ Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	SECY / TREAS FIFE, ROBERT R 187 SPRUCE ST NEW SMYRNA BEACH FL 32168-1603	☐ Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	_____ ☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY ST ZIP	_____ ☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY ST ZIP	_____ ☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY ST ZIP	_____ ☐ Delete	☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>[Signature]</i> Secy/Treas 10 Feb 2007 386-423-1659 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayman Phone #					