

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morthum Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **756901** (5)
1. Corporation Name
ARCADIA EAGLES OF DESOTO COUNTY, FLORIDA, INC.

| | |
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| Principal Place of Business 150 SO POLK P.O. BOX 1499 ARCADIA FL 33821 | Mailing Address 150 SO POLK P.O. BOX 1499 ARCADIA FL 34265-1499 |
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|--------------------------------|--------------------|---------------------|--------------------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 03/24/1981 | 3a. Date of Last Report 03/01/1996 |
| 21 | Suite, Apt #, etc. | 26 | Suite, Apt #, etc. | 4. FEI Number 59-1873449 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| CONTE, FRANCIS J 1727 SE WHISPERING PINE ARCADIA FL 33821 | | | | 81 | Name HARVELL, LEROY |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) 2490 SE RICE ST |
| | | | | 83 | |
| | | | | 84 | City ARCADIA FL 85 Zip Code 34266 |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|----------------------------|-------------------------|--|---|--------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CONTE, FRANCIS J | | 1.2 NAME | HARVELL, LEROY | |
| STREET ADDRESS | 1727 SE WHISPERING PINE | | 1.3 STREET ADDRESS | 2490 SE RICE ST | |
| CITY-ST-ZIP | ARCADIA FL 33821 | | 1.4 CITY-ST-ZIP | ARCADIA, FL 34266 | |
| TITLE | VP | <input type="checkbox"/> DELETE | 2.1 TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARVELL, LEROY | | 2.2 NAME | FOX, JOE | |
| STREET ADDRESS | 2490 SE RICE ST. | | 2.3 STREET ADDRESS | 1437 SE 1ST AVE | |
| CITY-ST-ZIP | ARCADIA FL 33821 | | 2.4 CITY-ST-ZIP | ARCADIA, FL 34266 | |
| TITLE | T | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARROLL, J. D. | | 3.2 NAME | GARDNER, RICHARD | |
| STREET ADDRESS | 5104 NE SANDY RD. | | 3.3 STREET ADDRESS | 3096 S/W HARVEY AVE | |
| CITY-ST-ZIP | ARCADIA FL 33821 | | 3.4 CITY-ST-ZIP | ARCADIA, FL 34266 | |
| TITLE | T | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PRINCE, JAMES | | 4.2 NAME | MANNING, JOE | |
| STREET ADDRESS | 1504 AIRPORT | | 4.3 STREET ADDRESS | 2772 TAMMAMITR. | |
| CITY-ST-ZIP | ARCADIA FL 33821 | | 4.4 CITY-ST-ZIP | PORT CHARLOTTE, FL 34268 | |
| TITLE | T | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CLUTTER, KARL | | 5.2 NAME | BROWN, JAMES | |
| STREET ADDRESS | 2626 NE HWY 70 | | 5.3 STREET ADDRESS | 600 W GIBSON ST APT 140 | |
| CITY-ST-ZIP | ARCADIA FL 33821 | | 5.4 CITY-ST-ZIP | ARCADIA, FL 34266 | |
| TITLE | T | <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PATTON, BUFORD | | 6.2 NAME | MANSFIELD, BILL | |
| STREET ADDRESS | 13996 NE HWY 70 | | 6.3 STREET ADDRESS | 1180 N CROSS AVE | |
| CITY-ST-ZIP | ARCADIA FL 33821 | | 6.4 CITY-ST-ZIP | ARCADIA, FL 34266 | |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William L. Roan* *William L. Roan Sec* 4/25/97 491-0713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0063926

CR2E037 (9/96)