


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90010 030 ****61.25

0068450

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 756901					
1. Corporation Name ARCADIA EAGLES OF DESOTO COUNTY, FLORIDA, INC.					
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 33821		
2. Principal Place of Business 21 150 S POLK AVE Suite, Apt. #, etc. 22 ARCADIA, FL. City & State 23 ARCADIA, FL. Zip Country 24 34266 25 DESOTA		2a. Mailing Address 26 150 S. POLK AVE Suite, Apt. #, etc. 27 ARCADIA, FL. City & State 28 ARCADIA, FL. Zip Country 29 34266 30 DESOTA		3. Date Incorporated or Qualified 03/24/1981 4. FEI Number 59-1873449 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent WHITE, EDWARD E 2626 N.E. HWY. 70 #60 ARCADIA FL 34266			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE C NAME FOX, JOE STREET ADDRESS 1437 SE 1ST AVE CITY-ST-ZIP ARCADIA FL 34266			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE P NAME ATTRILL, STEVE STREET ADDRESS 410 N. POLK AVE. CITY-ST-ZIP ARCADIA FL 34266			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE ST NAME WHITE, EDWARD E STREET ADDRESS 2626 N.E. HWY. 70 #60 CITY-ST-ZIP ARCADIA FL 34266			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE T NAME MANNING, JOE STREET ADDRESS 114 N. DADE, APT. 2 CITY-ST-ZIP ARCADIA FL 34266			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE T NAME CORCORAN, EDWARD J STREET ADDRESS 2371 S.E. HWY. 31 SOUTH, LOT 23 CITY-ST-ZIP ARCADIA FL 34266			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE T NAME BLAIR, RONALD K STREET ADDRESS 1177 S.E. 7TH AVE. CITY-ST-ZIP ARCADIA FL 34266			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: Edward E. White REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99

Date

941-494-1749

Daytime Phone #

CR2E037 (11/98)