

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90783 028 ****61.25

DOCUMENT # N00000006932					
1. Entity Name TRIPLE EAGLE COMMUNITY DEVELOPMENT CORPORATION, INC.					
Principal Place of Business 415 THIRD AVE SOUTH BARTOW, FL 33830			Mailing Address 415 THIRD AVE SOUTH BARTOW, FL 33830		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3712292	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MOORE, ELDER LAWRENCE W 415 THIRD AVE SOUTH BARTOW, FL 33830			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$81.25 Due by May 1, 2004		9. Election Campaign Financing <input type="checkbox"/>		\$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 DP	NAME MOORE, JACQUELYN S		<input type="checkbox"/> Delete		
STREET ADDRESS 415 THIRD AVE SOUTH			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP BARTOW, FL 33830					
TITLE DV	NAME DOUGLAS, JERRY		<input type="checkbox"/> Delete		
STREET ADDRESS 1250 GAY STREET EAST			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP BARTOW, FL 33830					
TITLE DS	NAME JONES, SHAYANN		<input type="checkbox"/> Delete		
STREET ADDRESS 410 THIRD AVE SOUTH			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP BARTOW, FL 33830					
TITLE DT	NAME ROGERS, KENNETH		<input type="checkbox"/> Delete		
STREET ADDRESS 5155 TILLERY ROAD			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP LAKELAND, FL 33813					
TITLE D	NAME CORBETT, JORDAN J		<input type="checkbox"/> Delete		
STREET ADDRESS 1655 MAGNOLIA STREET EAST			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP BARTOW, FL 33830					
TITLE D	NAME BRUNSON, LEE JR		<input type="checkbox"/> Delete		
STREET ADDRESS 731 HANOVER COURT			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP LAKELAND, FL 33813					
12. 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 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: <u>JACQUELYN S. MOORE</u>			4/30/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		

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