

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006932

FILED
Apr 13, 2007
Secretary of State

Entity Name: TRIPLE EAGLE COMMUNITY DEVELOPMENT CORPORATION, INC.

Current Principal Place of Business:

415 THIRD AVE SOUTH
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

415 THIRD AVE SOUTH
BARTOW, FL 33830

New Mailing Address:

FEI Number: 59-3712292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOORE, ELDER LAWRENCE W
415 THIRD AVE SOUTH
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MOORE, JACQUELYN S
Address: 3383 TURNBERRY LANE
City-St-Zip: LAKE LAND, FL 33803

Title: DV () Delete
Name: DOUGLAS, JERRY
Address: 1250 GAY STREET EAST
City-St-Zip: BARTOW, FL 33830

Title: DS () Delete
Name: JONES, SHAYANN
Address: 410 THIRD AVE SOUTH
City-St-Zip: BARTOW, FL 33830

Title: DT () Delete
Name: ROGERS, KENNETH
Address: 5155 TILLERY ROAD
City-St-Zip: LAKE LAND, FL 33813

Title: D () Delete
Name: CORBETT, JORDAN J
Address: 1655 MAGNOLIA STREET EAST
City-St-Zip: BARTOW, FL 33830

Title: D () Delete
Name: BRUNSON, LEE JR
Address: 731 HANOVER COURT
City-St-Zip: LAKE LAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JACQUELYN S MOORE

DP

04/13/2007

Electronic Signature of Signing Officer or Director

Date