2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0100000504

FILED Mar 07, 2008 Secretary of State

Entity Name: THE PONCE DE LEON CONQUISTADORS FOUNDATION, INC.

P.O BOX 510664

PUNTA GORDA, FL 33951

Current Mailing Address: New Mailing Address:

2555 SILVER PALM NORTH PORT, FL 34288

FEI Number: 65-1080460 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FITZWATER, FOREST M 2555 SILVER PALN NORTH PORT, FL 34288

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete FITZWATER, FOREST M FITZWATER, FOREST M Name: Name:

2555 SILVER PALM RD. Address: 2555 SILVER PALM RD. Address: City-St-Zip: NORTH PORT, FL 34288 City-St-Zip: NORTH PORT, FL 34288

Title: () Delete Title: () Change () Addition

ENGER, ROGER Name: Name: Address: 770 KINGFISH Address: City-St-Zip: PUNTA GORDA, FL 33950 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

JONES, JAMES JONES, JAMES Name: Name: 610 VIA TRIPOLI Address: 610 VIA TRIPOLI Address:

City-St-Zip: PUNTA GORDA, FL 33950 City-St-Zip: PUNTA GORDA, FL 33950

Title: () Delete Title: **TRES** (X) Change () Addition

Name: CLENDENIN, BOB Name: CLENDENIN, BOB Address: 519 MATORES Address: 519 MATORES

City-St-Zip: PUNTA GORDA, FL 33950 City-St-Zip: PUNTA GORDA, FL 33950

Title: () Delete Title: (X) Change () Addition

FISHER, P.J. FISHER, P.J. Name: Name:

11250 SW ESSEX, DRIVE 11250 SW ESSEX, DRIVE Address: Address: City-St-Zip: LAKE SUZY, FL 34269 City-St-Zip: LAKE SUZY, FL 34269

Title: () Delete Title: () Change (X) Addition

WELLS, RICHARD Name: Name: Address: Address: 723 VIA FORMIA

PUNTA GORDA, FL 33950 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: F. MARVIN FITZWWATER **PRES** 03/07/2008