

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000504

FILED
Feb 05, 2009
Secretary of State

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

Current Principal Place of Business:

P.O BOX 510664
PUNTA GORDA, FL 33951

New Principal Place of Business:

Current Mailing Address:

2555 SILVER PALM
NORTH PORT, FL 34288

New Mailing Address:

FEI Number: 65-1080460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FITZWATER, FOREST M
2555 SILVER PALM
NORTH PORT, FL 34288 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: PRES () Delete
Name: FITZWATER, FOREST M
Address: 2555 SILVER PALM RD.
City-St-Zip: NORTH PORT, FL 34288

Title: D () Delete
Name: ENGER, ROGER
Address: 770 KINGFISH
City-St-Zip: PUNTA GORDA, FL 33950

Title: VP () Delete
Name: JONES, JAMES
Address: 610 VIA TRIPOLI
City-St-Zip: PUNTA GORDA, FL 33950

Title: TRES () Delete
Name: CLENDENIN, BOB
Address: 519 MATORES
City-St-Zip: PUNTA GORDA, FL 33950

Title: HIST () Delete
Name: FISHER, P.J.
Address: 11250 SW ESSEX, DRIVE
City-St-Zip: LAKE SUZY, FL 34269

Title: SEC () Delete
Name: WELLS, RICHARD
Address: 723 VIA FORMIA
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: WELLS, RICHARD
Address: 723 VIA FORMIA
City-St-Zip: PUNTA GORDA, FL 33950

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

Title: TRES (X) Change () Addition
Name: FABIAN, STEVE
Address: 3367 TRINIDAD DOURT
City-St-Zip: PUNTA GORDA, FL 33950

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

Title: SEC (X) Change () Addition
Name: YORK, JERRY
Address: 924 GENOA COURT
City-St-Zip: PUNTA GORDA, FL 33950

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: FOREST M FITZWATER

PRES

02/05/2009

Electronic Signature of Signing Officer or Director

Date