

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005528

FILED
Apr 27, 2006
Secretary of State

Entity Name: MYSTIC EAGLE CULTURAL ASSOCIATION INC.

Current Principal Place of Business:

1231 BAYSHORE RD.
NOKOMIS, FL 34275

New Principal Place of Business:

7152 224TH ST.
O BRIEN, FL 32071

Current Mailing Address:

P.O.BOX 268
NOKOMIS, FL 34275

New Mailing Address:

7152 224TH ST
O BRIEN, FL 32071

FEI Number: 22-3857398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORRIS, JULIE M
1231 BAYSHORE RD.
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

NORRIS, JULIE M
7152 224TH ST
O BRIEN, FL 32071 US

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:

04/27/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: NORRIS, JULIE M
Address: 1231 BAYSHORE RD.
City-St-Zip: NOKOMIS, FL 34275

Title: VD () Delete
Name: TACHANTRE, LARRY
Address: PO BOX 871
City-St-Zip: VENICE, FL 34285

Title: VPD () Delete
Name: LEE, MYRON P
Address: P.O.BOX 268
City-St-Zip: NOKOMIS, FL 34275

Title: T () Delete
Name: STUHMER, HELEN
Address: 491 LEACH ST.
City-St-Zip: ENGLEWOOD, FL 34223

Title: S () Delete
Name: WEST, ANGELIC R
Address: 1231 BAYSHORE RD.
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: NORRIS, JULIE M
Address: 7152 224TH ST
City-St-Zip: O BRIEN, FL 32071

Title: VD (X) Change () Addition
Name: LEE, MYRON
Address: 7152 224TH ST
City-St-Zip: O BRIEN, FL 32071

Title: VPD (X) Change () Addition
Name: STUHMER, HELEN
Address: 6563 DAVID BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: T (X) Change () Addition
Name: STUHMER, HELEN
Address: 6563 DAVID BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: S (X) Change () Addition
Name: BOONE, ANGELIC R
Address: 9370 220 PATH
City-St-Zip: O BRIEN, FL 32071

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: JULIE NORRIS

CEO

04/27/2006

Electronic Signature of Signing Officer or Director

Date