

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005528

FILED  
Apr 26, 2007  
Secretary of State

**Entity Name:** MYSTIC EAGLE CULTURAL ASSOCIATION INC.

**Current Principal Place of Business:**

7152 224TH ST.  
O BRIEN, FL 32071

**New Principal Place of Business:**

**Current Mailing Address:**

7152 224TH ST  
O BRIEN, FL 32071

**New Mailing Address:**

**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  
7152 224TH ST  
O BRIEN, FL 32071 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: CEO ( ) Delete  
Name: NORRIS, JULIE M  
Address: 7152 224TH ST  
City-St-Zip: O BRIEN, FL 32071

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

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

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

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

**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  
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 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 M NORRIS

CEOD

04/26/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date