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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB 17 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06778 (7)

1. Corporation Name

THE ROYAL ORDER OF PONCE DE LEON CONQUISTADORS, INC.

Principal Place of Business	Mailing Address
413 W. GRACE ST. P.O. BOX 0664 PUNTA GORDA FL 33951-7664	413 W. GRACE ST. P.O. BOX 0664 PUNTA GORDA FL 33951-7664

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1984
3a. Date of Last Report: 01/31/1994
4. FEI Number: 59-2644742 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HARRINGTON, LINDSAY M.
315 W.GRACE ST.
SUITE 104
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	COLLINS, JOHN	1.2 NAME	COLLINS, JOHN	
STREET ADDRESS	535 TOULOUSE DR	1.3 STREET ADDRESS	535 TOULOUSE DR.	
CITY-ST-ZIP	PUNTA GORDA FL	1.4 CITY-ST-ZIP	PUNTA GORDA, FL. 33950	
TITLE	D	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	PINDER, THOMAS	2.2 NAME	SCHOEDL, CLIFFORD	
STREET ADDRESS	33570 SERENE DR	2.3 STREET ADDRESS	1542 ULTRAMARINE LN.	
CITY-ST-ZIP	PUNTA GORDA FL	2.4 CITY-ST-ZIP	PORT CHARLOTTE, FL. 33983	
TITLE	VD	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	SANSOSTI, PHILLIP	3.2 NAME	SANSOSTI, PHILLIP	
STREET ADDRESS	589 ENCARNATION ST.	3.3 STREET ADDRESS	589 ENCARNATION ST.	
CITY-ST-ZIP	PORT CHARLOTTE FL	3.4 CITY-ST-ZIP	PORT CHARLOTTE,FL. 33983	
TITLE	PD	4.1 TITLE	D	☒ Change ☐ Addition
NAME	TRACY, DICK	4.2 NAME	TRACY, DICK	
STREET ADDRESS	1136 MCCANDLESS AVE	4.3 STREET ADDRESS	1136 MCCANDLESS AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL	4.4 CITY-ST-ZIP	PORT CHARLOTTE, FL. 33980	
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	ROLL,DONALD F.	5.2 NAME		
STREET ADDRESS	413 W.GRACE ST.	5.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, DAVE	6.2 NAME		
STREET ADDRESS	118 COLONY POINT DR.	6.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DONALD F. ROLL Donald F. Roll 2-14-95 (813) 639-6670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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