

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 33951-7664413 W. GRACE ST.
P.O. BOX 0664
PUNTA GORDA FL 33951-06643. Date Incorporated or Qualified
12/21/19843a. Date of Last Report
01/24/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	COLLINS, JOHN	
STREET ADDRESS	535 TOULOUSE DR	
CITY-ST-ZIP	PUNTA GORDA FL	

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CLIFF SCHOEDL	
1.3 STREET ADDRESS	1542 ULTRAMARINE LN.	
1.4 CITY-ST-ZIP	PORT CHARLOTTE, FL. 33983	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SCHOEDL, CLIFFORD	
STREET ADDRESS	1542 ULTRAMARINE LN	
CITY-ST-ZIP	PORT CHARLOTTE FL	

2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RICHARD FENSKA	
2.3 STREET ADDRESS	26189 CHESTERFIELD RD.	
2.4 CITY-ST-ZIP	PORT CHARLOTTE, FL. 33983	

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SANSOSTI, PHILLIP	
STREET ADDRESS	589 ENCARNATION ST	
CITY-ST-ZIP	PORT CHARLOTTE FL	

3.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROBERT ARMSTRONG	
3.3 STREET ADDRESS	716 MONOCO DR	
3.4 CITY-ST-ZIP	PUNTA GORDA, FL. 33950	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TRACY, DICK	
STREET ADDRESS	1136 MCCANDLESS AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL	

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BOBBY LAWHORN	
4.3 STREET ADDRESS	2240 AQUI ESTA DR	
4.4 CITY-ST-ZIP	PUNTA GORDA, FL. 33950	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ROLL, DONALD F.	
STREET ADDRESS	413 W.GRACE ST.	
CITY-ST-ZIP	PUNTA GORDA FL	

5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LARRY FRIEDMAN	
5.3 STREET ADDRESS	2539 BRAZILIA CT.	
5.4 CITY-ST-ZIP	PUNTA GORDA, FL. 33950	

TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, DAVE	
STREET ADDRESS	118 COLONY POINT DR.	
CITY-ST-ZIP	PUNTA GORDA FL	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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 OUT GOING TREAS. FEB 6 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 067665

CP2E037 (9/96)