FILE NOW: FILING FEE IS $61.25

FILED
Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA 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 33951-7664	413 W. GRACE ST. P.O. BOX 0664 PUNTA GORDA FL 33951-7664

3. Date Incorporated or Qualified: 12/21/1984

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 623 Santa Margerita Ln	26 623 Santa Margerita Ln
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 Punta Gorda, Florida	City & State 28 Punta Gorda, Florida
Zip / Country 24 33950 / 25 Charlotte	Zip / Country 29 33950 / 30 Charlotte

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: Jack Collins
82 Street Address (P.O. Box Number is Not Acceptable): 535 Toulouse Drive
83 Punta Gorda, Florida 33950
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 I accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Jack Collins Jack Collins (Signature of the person appointed as registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 2-4-98

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHOEDL, CLIFF 1542 ULTRAMARINE LN. PORT CHARLOTTE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FENSKA, RICHARD 26189 CHESTERFIELD DR. PORT CHARLOTTE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Fenska,Richard V.Pres.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ARMSTRONG, ROBERT 716 MONOCO DR PUNTA GORDA FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Treasurer,Director George Truman 623 Santa Margerita Ln Punta Gorda,Fl	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAWHORN, BOBBY 2240 AQUI ESTA DR. PUNTA GORDA FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Lawhorn,Bobby Sec.Dir.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FRIEDMAN, LARRY 2539 BRAZILIA CT PUNTA GORDA FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Cerbone,Don Dir. 857 Bal Harbor Blvd Punta Gorda,Fl	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, DAVE 118 COLONY POINT DR. PUNTA GORDA FL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Hannon,Tom Dir. 3801 Magnolia Way Punta Gorda,Fl	☒ Change ☐ Addition

CR2E037 (10/97)

14. I 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: George H. Truman 1-18-98 941-637-9885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #