


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90106 048 ****61.25

0086418

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N06778					
1. Corporation Name THE ROYAL ORDER OF PONCE DE LEON CONQUISTADORS, INC.					
Principal Place of Business 623 SANTA MARGERITA LN PUNTA GORDA FL 33950 US			Mailing Address 263 SANTA MARGERITA LANE PUNTA GORDA FL 33950 US		



2. Principal Place of Business 21 P.O. Box 510664 Suite, Apt. #, etc.		2a. Mailing Address 26 Same Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/21/1984	
22 City & State 23 Punta Gorda, FL 33951		27 City & State 28 0664		4. FEI Number 59-2644742 Applied For <input checked="" type="checkbox"/> Not Applicable	
24 Zip Country 25		29 Zip Country 30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent COLLINS, JACK 535 TOULOUSE DRIVE PUNTA GORDA FL 33950				10. Name and Address of New Registered Agent 81 Name Cliff Schoedl 82 Street Address (P.O. Box Number is Not Acceptable) 1542 Ultramarine Ln. 83 Port Charlotte, FL 33983 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 Cliff Schoedl, Ponce (NOTE: Registered Agent Signature required when reinstating) 1-10-99 DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHOEDL, CLIFF			1.2 NAME	Richard Fenska		
STREET ADDRESS	1542 ULTRAMARINE LN.			1.3 STREET ADDRESS	26189 Chesterfield Dr.		
CITY-ST-ZIP	PORT CHARLOTTE FL			1.4 CITY-ST-ZIP	Port Charlotte, FL 33983	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Vice President		
NAME	FENSKA, RICHARD			2.2 NAME	Bobby Lawhorn		
STREET ADDRESS	26189 CHESTERFIELD DR.			2.3 STREET ADDRESS	2240 Agui-Esta Dr.		
CITY-ST-ZIP	PORT CHARLOTTE FL			2.4 CITY-ST-ZIP	Punta Gorda, FL 33950		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TRUMAN, GEORGE			3.2 NAME	George Truman		
STREET ADDRESS	623 SANTA MARGERITA LANE			3.3 STREET ADDRESS	12645 S.W. Kingsway Circle		
CITY-ST-ZIP	PUNTA GORDA FL			3.4 CITY-ST-ZIP	Lake Suzy, FL 34266		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAWHORN, BOBBY			4.2 NAME	Bob Stevens		
STREET ADDRESS	2240 AQUI ESTA DR.			4.3 STREET ADDRESS	545 Martares Dr.		
CITY-ST-ZIP	PUNTA GORDA FL			4.4 CITY-ST-ZIP	Punta Gorda, FL 33950		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CERBONE, DON			5.2 NAME			
STREET ADDRESS	857 BAL HARBOR BLVD.			5.3 STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HANNON, TOM			6.2 NAME			
STREET ADDRESS	3801 MAGNOLIA WAY			6.3 STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA FL			6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED

1-10-99 941-764-8815

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)