

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90013 008 ****70.00

DOCUMENT # N06778

1. Entity Name

THE ROYAL ORDER OF PONCE DE LEON
CONQUISTADORS, INC.



Principal Place of Business

P.O. BOX 0664
PUNTA GORDA FL 33951
US

Mailing Address

P.O. BOX 0664
PUNTA GORDA FL 33951
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MUNSON, STAN
3907 MADRID COURT
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

Name

MCALPINE, GLEN

Street Address (P.O. Box Number is Not Acceptable)

11205 SW ESSEX DRIVE

City

LAKE SUZY

FL

Zip Code

34269

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Glen McAlpine

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/17/04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MCALPINE, GLEN	
STREET ADDRESS	13043 SW KNINGS WAY CIR.	
CITY-ST-ZIP	ARCADIA FL 34269	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PELL, ROBERT	
STREET ADDRESS	2181 TAIWAN COURT	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LAWRENCE, FRANK	
STREET ADDRESS	11355 SW ESSEX DR.	
CITY-ST-ZIP	LAKE SUZY FL 34269	
TITLE	F	<input type="checkbox"/> Delete
NAME	FISHER, PIERRE J	
STREET ADDRESS	11250 SW ESSEX DR.	
CITY-ST-ZIP	LAKE SUZY FL 34269	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARRETT, AL	
STREET ADDRESS	12615 SW KINGSWAY CIR.	
CITY-ST-ZIP	ARCADIA FL 34269	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLENDENIN, BOB	
STREET ADDRESS	519 MATARES DR.	
CITY-ST-ZIP	PUNTA GORDA FL 33950	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE, FRANK	
STREET ADDRESS	11355 SW ESSEX DR	
CITY-ST-ZIP	LAKE SUZY, FL 34269	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERBER, BARRY	
STREET ADDRESS	511 DEWHURST	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOCKHART, RAY	
STREET ADDRESS	722 VIA FORMIA	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Pierre J. Fisher, M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-12-04 941-624-5148