

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06778

FILED  
Feb 03, 2006  
Secretary of State

**Entity Name:** THE ROYAL ORDER OF PONCE DE LEON CONQUISTADORS, INC.

**Current Principal Place of Business:**

P.O. BOX 510664  
PUNTA GORDA, FL 33951 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 510664  
PUNTA GORDA, FL 33951 US

**New Mailing Address:**

**FEI Number:** 59-2644742

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAWRENCE, FRANK  
11355 SW ESSEX DR.  
LAKE SUZY, FL 34269 US

**Name and Address of New Registered Agent:**

GERBER, BARRY  
511 DEWHURST  
PORT CHARLOTTE, FL 33954 US

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.

SIGNATURE: BARRY GERBER

02/03/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GERBER, BARRY  
Address: 511 DEWHURST  
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: VP ( ) Delete  
Name: LOCKHART, RAY  
Address: 722 VIA FORMIA  
City-St-Zip: PUNTA GORDA, FL 33950

Title: S ( ) Delete  
Name: ENGER, ROGER  
Address: 770 KINGFISH  
City-St-Zip: PUNTA GORDA, FL 33950

Title: T ( ) Delete  
Name: FISHER, PIERRE J  
Address: 11250 SW ESSEX DR.  
City-St-Zip: LAKE SUZY, FL 34269

Title: D ( ) Delete  
Name: WELLS, DICK  
Address: 723 VIA FORMIA  
City-St-Zip: PUNTA GORDA, FL 33950T

Title: D ( ) Delete  
Name: CLENDENIN, BOB  
Address: 519 MATARES DR.  
City-St-Zip: PUNTA GORDA, FL 33950

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LOCKHART, RAY  
Address: 722 VIA FORMIA  
City-St-Zip: PUNTA GORDA, FL 33950

Title: VP (X) Change ( ) Addition  
Name: ENGER, ROGER  
Address: 770 KINGFISH  
City-St-Zip: PUNTA GORDA, FL 33950

Title: S (X) Change ( ) Addition  
Name: FITZWATER, MARVIN  
Address: 2555 SILVER PALM  
City-St-Zip: NORTH PORT, FL 34288

Title: T (X) Change ( ) Addition  
Name: HOLLIN, CLIVE J  
Address: 4484 BELFOUNTAIN  
City-St-Zip: PORT CHARLOTTE, FL 33984

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PIERRE J FISHER

T

02/03/2006

Electronic Signature of Signing Officer or Director

Date