

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06778

FILED
Apr 23, 2007
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:

770 KINGFISH
PUNTA GORDA, FL 33950 US

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:

GERBER, BARRY
511 DEWHURST
PORT CHARLOTTE, FL 33954 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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

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City-St-Zip:

Title: () Change () Addition
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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: BOB CLENDENIN

D

04/23/2007

Electronic Signature of Signing Officer or Director

Date