

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06778

FILED  
Mar 14, 2008  
Secretary of State

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

**Current Principal Place of Business:**

770 KINGFISH  
PUNTA GORDA, FL 33950 US

**New Principal Place of Business:**

519 MATARES DRIVE  
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:

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

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 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

TRES

03/14/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date