

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06778

Entity Name: THE ROYAL ORDER OF PONCE DE LEON CONQUISTADORS, INC.**FILED**
Apr 07, 2021
Secretary of State
2098596898CC**Current Principal Place of Business:**24123 PEACHLAND BLVD.
SUITE C-4 #234
PORT CHARLOTTE, FL 33954**Current Mailing Address:**24123 PEACHLAND BLVD.
SUITE C-4 #234
PORT CHARLOTTE, FL 33954 US**FEI Number: 59-2644742****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**COMRIE, MICHAEL B.
24123 PEACHLAND BLVD.
SUITE C-4 #234
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: MICHAEL B. COMRIE****04/07/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	JONES, JAMES
Address	24123 PEACHLAND BLVD. SUITE C-4 #234
City-State-Zip:	PORT CHARLOTTE FL 33954

Title	TREASURER
Name	COMRIE, MICHAEL B.
Address	24123 PEACHLAND BLVD. SUITE C-4 #234
City-State-Zip:	PORT CHARLOTTE FL 33954

Title	HISTORIAN
Name	FISHER, PJ
Address	24123 PEACHLAND BLVD. SUITE C-4 #234
City-State-Zip:	PORT CHARLOTTE FL 33954

Title	SECRETARY
Name	HARRINGTON, LINDSAY
Address	24123 PEACHLAND BLVD. SUITE C-4 #234
City-State-Zip:	PORT CHARLOTTE FL 33954

Title	DIRECTOR UNTIL END 2023
Name	VANANDE, JAMES
Address	24123 PEACHLAND BLVD. SUITE C-4 #234
City-State-Zip:	PORT CHARLOTTE FL 33954

Title	DIRECTOR UNTIL END 2022
Name	PRESSELLER, JERRY
Address	24123 PEACHLAND BLVD. SUITE C-4 #234
City-State-Zip:	PORT CHARLOTTE FL 33954

Title	DIRECTOR UNTIL END 2021
Name	BASILIO, JOSE
Address	24123 PEACHLAND BLVD. SUITE C-4 #234
City-State-Zip:	PORT CHARLOTTE FL 33954

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL B. COMRIE**TREASURER****04/07/2021**

Electronic Signature of Signing Officer/Director Detail

Date