


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90066 023 ****61.25

DOCUMENT # F04000004203

1. Entity Name
 WYCLIFFE ASSOCIATES, INC.



Principal Place of Business
 202 S. PROSPECT AVE
 ORANGE, CA 92859

Mailing Address
 P.O. BOX 2000
 ORANGE, CA 92835

40074454

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip 92869 Country

04182007 Chg-NP CR2E037 (12/06)

4. FEI Number
 95-2584324

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOYLES, WILLIAM A
 301 E. PINE STREETE, SUITE 1400
 ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2007**

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 type="checkbox"/> Delete
NAME	SMITH, BRUCE A	
STREET ADDRESS	9784 BENNINGTON CHASE DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32829	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWNSON, ROGER	
STREET ADDRESS	1600 COBB HILL ROAD	
CITY-ST-ZIP	BOZEMAN, MT 59718	
TITLE	CD	<input type="checkbox"/> Delete
NAME	KING, PAUL	
STREET ADDRESS	3201 RUSTIC DRIVE	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEEKS, JAMES H	
STREET ADDRESS	120 WINDSOR PARK DRIVE, A326	
CITY-ST-ZIP	CAROL STREAM, IL 60188	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARGRELIUS, TERRY C	
STREET ADDRESS	3524 STEVENS WAY	
CITY-ST-ZIP	MARTINEZ, GA 30907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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 exemptions contained 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 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: Paul King Paul King 4/18/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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ATTACHMENT

40074454

OFFICERS AND DIRECTORS (CONTINUED)

ADDITION/CHANGE/DELETE

Title: D
Name: Devries, Chuck
Address: P.O. Box 620800
City-St-Zip: Orlando, FL 32832

Title: T
Name: Hull, Chip
Address: 2096 Ralley Court
City-St-Zip: Thousand Oaks, CA 91362

Title: D
Name: Layman, Eldon
Address: 1698 Massanetta Springs Rd.
City-St-Zip: Harrisonburg, VA 22801

Title: D
Name: LeFevre, J. David
Address: 262 Evansville Rd.
City-St-Zip: Berwick, PA 18603

Title: D
Name: Lindh, Daniel
Address: 2845 Hamline Ave. North, Suite 200
City-St-Zip: Roseville, MN 55113

DELETE

Title: D
Name: Meeder, Connie
Address: 9335 Fourth St
City-St-Zip: Highland, IN 46322-2701

Title: D
Name: Olson, Laef
Address: 4365 Shandalyn Ln.
City-St-Zip: Bozeman, MT 59718

CHANGE

Title: D
Name: Scheeres, Jacob W., M.D.
Address: 10116 Hart Branch Circle
City-St-Zip: Orlando, FL 32832

Title: S
Name: Steere, O'Ann
Address: 26 W. 104 Thomas Road
City-St-Zip: Wheaton, IL 60187

Title: D
Name: Vande Vrede, Robert
Address: 1506 Weymount Place
City-St-Zip: Santa Ana, CA 92705