
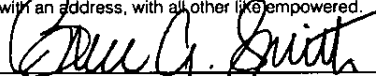


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90023 034 ****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		
2. Principal Place of Business - No P.O. Box # 202 S. Prospect St.		3. Mailing Address P.O. Box 2000			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Orange, CA		City & State Orange, CA		4. FEI Number 95-2584324	
Zip 92869		Country US		Applied For Not Applicable	
Zip 92859		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BOYLES, WILLIAM A. 301 E. PINE STREETE, SUITE 1400 ORLANDO, FL 32801			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
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.			DATE		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			<small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, BRUCE A		NAME	Baker, William	
STREET ADDRESS	9784 BENNINGTON CHASE DRIVE		STREET ADDRESS	78 W Wesley Rd NW	
CITY-ST-ZIP	ORLANDO, FL 32829		CITY-ST-ZIP	Atlanta, GA 30305	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWNSON, ROGER		NAME	Miller, Marilyn	
STREET ADDRESS	1600 COBB HILL ROAD		STREET ADDRESS	8951 Southmoor Ave.	
CITY-ST-ZIP	BOZEMAN, MT 59718		CITY-ST-ZIP	Highland, IN 46322	
TITLE	CD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KING, PAUL		NAME	Ries, Paul, Dr.	
STREET ADDRESS	3201 RUSTIC DRIVE		STREET ADDRESS	4205 Berkshire Court	
CITY-ST-ZIP	KISSIMMEE, FL 34744		CITY-ST-ZIP	Mioiland, MI 48640	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEEKS, JAMES H		NAME	Britting, Bob	
STREET ADDRESS	120 WINDSOR PARK DRIVE, A326		STREET ADDRESS	404 Samantha K Court	
CITY-ST-ZIP	CAROL STREAM, IL 60188		CITY-ST-ZIP	St. Cloud, FL 34771	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARGRELIUS, TERRY C		NAME		
STREET ADDRESS	3524 STEVENS WAY		STREET ADDRESS		
CITY-ST-ZIP	MARTINEZ, GA 30907		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			Date: 3-24-08		Daytime Phone #: 407-852-5318
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

ATTACHMENT

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT
WYCLIFFE ASSOCIATES, INC.
DOCUMENT # F04000004203

40052017

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

Title: D
Name: Olson, Laef
Address: 437 Summit Ave
City-St-Zip: West Chicago, IL 60185

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