

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004203

FILED
Mar 26, 2009
Secretary of State

Entity Name: WYCLIFFE ASSOCIATES, INC.

Current Principal Place of Business:

202 S. PROSPECT ST
ORANGE, CA 92869

New Principal Place of Business:

Current Mailing Address:

PO BOX 2000
ORANGE, CA 92859

New Mailing Address:

FEI Number: 95-2584324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYLES, WILLIAM A
301 E. PINE STREETE, SUITE 1400
ORLANDO, FL 32801 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: SMITH, BRUCE A
Address: 9784 BENNINGTON CHASE DRIVE
City-St-Zip: ORLANDO, FL 32829

Title: CD () Delete
Name: KING, PAUL
Address: 3201 RUSTIC DRIVE
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: RIES, PAUL DR
Address: 4205 BERKSHIRE COURT
City-St-Zip: MIDLAND, MI 46640

Title: D () Delete
Name: BAKER, WILLIAM
Address: 78 W WESLEY RD NW
City-St-Zip: ATLANTA, GA 30305

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CD (X) Change () Addition
Name: STEERE, O'ANN
Address: 26 W 104TH THOMAS RD
City-St-Zip: WHEATON, IL 60187

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

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

Title: SD () Change (X) Addition
Name: CONNIE, MEEDER
Address: 120 SOUTH 570 WEST
City-St-Zip: HEBRON, IN 46341

Title: CFO () Change (X) Addition
Name: TIMOTHY, NEU F
Address: 130 PINEFIELD DR
City-St-Zip: SANFORD, FL 32771

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: TIMOTHY F NEU

CFO

03/26/2009

Electronic Signature of Signing Officer or Director

Date