

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

1996 5-1-96

B-6354-C

DOCUMENT # **N00483** (0)

1. Corporation Name

**SOUTH FLORIDA WOODMEN OF THE WORLD SUNSHINE YOUTH ASSOCIATION, INC.**



Principal Place of Business: 1845 NORTH CRYSTAL LAKE DR. 2800 WINTER LAKE DR. LAKELAND FL 33803 US  
Mailing Address: 2800 WINTER LAKE RD LAKELAND FL 33803 US

3. Date Incorporated or Qualified: 12/20/1983  
3a. Date of Last Report: 02/01/1995

21. Principal Place of Business: 2800 Winter Lake Road Lakeland FL 33803  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip Country  
25. Zip Country  
26. Mailing Address  
27. Suite, Apt. #, etc.  
28. City & State  
29. Zip Country  
30. Zip Country

4. FEI Number: 59-2215000  
Applied For: Not Applicable  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes  No

9. Name and Address of Current Registered Agent: COLLINS, FRANK D. 2800 WINTER LAKE RD LAKELAND FL 33803

10. Name and Address of New Registered Agent: 81 Name: R. Charles Smith, Jr.  
82 Street Address (P.O. Box Number is Not Acceptable): 2800 Winter Lake Road  
83  
84 City: Lakeland FL 85 Zip Code: 33803

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* R. Charles Smith, Jr. 4/29/96  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD COLLINS, FRANK D.	<input checked="" type="checkbox"/>
NAME	1820 BEDIVERE STREET LAKELAND FL	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD TICE, JAMES L	<input type="checkbox"/>
NAME	8 W. THRUSH STREET APOPKA FL 32712	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS STARLING, LATRELLE	<input type="checkbox"/>
NAME	12605 MCINTOSH RD. THONOTOSASSA FL	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D HOLT, LARRY	<input checked="" type="checkbox"/>
NAME	3115 VALLEY HIGH DR LAKELAND FL	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D MITCHELL, DONALD	<input type="checkbox"/>
NAME	535 LAKE BONNY DR E LAKELAND FL	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D MCMAHAN, S K	<input type="checkbox"/>
NAME	1674 CRYSTAL PARK CIRCLE LAKELAND FL	
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD SMITH, R. CHARLES, JR.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	2800 WINTER LAKE ROAD LAKELAND FL 33803		
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	TD COLLINS, FRANK D.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	1820 BEDIVERE STREET LAKELAND FL 33813		
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 4/29/96 941/665-4011  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)