

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Jul 30 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N00483 (0)

1. Corporation Name
SOUTH FLORIDA WOODMEN OF THE WORLD SUNSHINE YOUTH ASSOCIATION, INC.

Principal Place of Business 2800 WINTER LAKE RD. LAKELAND FL 33803 US	Mailing Address 2800 WINTER LAKE RD LAKELAND FL 33803 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3730 Cleveland Heights Blvd Suite, Apt. #, etc. #5 22 Lakeland FL City & State 23 Zip 24 33813 Country 25 US	2a. Mailing Address 26 3730 Cleveland Hgts. Blvd. Suite, Apt. #, etc. #5 27 Lakeland FL City & State 28 Zip 29 33813 Country 30 US
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3. Date Incorporated or Qualified 12/20/1983	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2215000	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**SMITH, R. C JR.
 2800 WINTER LAKE RD
 LAKELAND FL 33803**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 3730 Cleveland Heights Blvd., #5
83 Lakeland
84 City FL 85 Zip Code 33813

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, R. C JR.	
STREET ADDRESS	2800 WINTER LAKE RD.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TICE, JAMES L	
STREET ADDRESS	8 W. THRUSH STREET	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	STARLING, LATRELLE	
STREET ADDRESS	12005 MCINTOSH RD.	
CITY-ST-ZIP	THONOTOSASSA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	COLLINS, FRANK D	
STREET ADDRESS	1820 BEDIVERE ST.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MITCHELL, DONALD	
STREET ADDRESS	535 LAKE BONNY DR E	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCMAHAN, S K	
STREET ADDRESS	1674 CRYSTAL PARK CIRCLE	
CITY-ST-ZIP	LAKELAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SMITH, R. C JR.	
1.3 STREET ADDRESS	3730 Cleveland Heights Blvd., #5	
1.4 CITY-ST-ZIP	Lakeland FL 33813	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MCMAHAN, S K	
6.3 STREET ADDRESS	P O BOX 1686	
6.4 CITY-ST-ZIP	EATON PARK FL 33840	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____

CR2E037 (4/97)