

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>3730 CLEVELAND HGTS BLVD #5 LAKELAND FL 33813 US</b>	Mailing Address <b>3730 CLEVELAND HGTS BLVD #5 LAKELAND FL 33813 US</b>
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3. Date Incorporated or Qualified  
**12/20/1983**

4. FEI Number <b>59-2215000</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**SMITH, R. C JR.  
3730 CLEVELAND HGTS BLVD #5 LAKELAND FL 33813**

10. Name and Address of New Registered Agent

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PO</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, R. C JR.</b>	1.2 NAME	
STREET ADDRESS	<b>3730 CLEVELAND HGTS BLVD #5</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TICE, JAMES L</b>	2.2 NAME	
STREET ADDRESS	<b>8 W. THRUSH STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>APOPKA FL 32712</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DS</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STARLING, LATRELLE</b>	3.2 NAME	<b>DST MALONE, JEANNE C.</b>
STREET ADDRESS	<b>12605 MCINTOSH RD.</b>	3.3 STREET ADDRESS	<b>4976 SHORE LINE DRIVE</b>
CITY-ST-ZIP	<b>THONOTOSASSA FL</b>	3.4 CITY-ST-ZIP	<b>POLK CITY FL 33868</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLLINS, FRANK D</b>	4.2 NAME	<b>D COLLINS, FRANK D</b>
STREET ADDRESS	<b>1820 BEDIVERE ST.</b>	4.3 STREET ADDRESS	<b>1820 BEDIVERE ST</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>	4.4 CITY-ST-ZIP	<b>LAKELAND, FL 33813</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MITCHELL, DONALD</b>	5.2 NAME	<b>D HOLT, LARRY</b>
STREET ADDRESS	<b>535 LAKE BONNY DR E</b>	5.3 STREET ADDRESS	<b>3115 VALLEY HIGH DR</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>	5.4 CITY-ST-ZIP	<b>LAKELAND, FL 32961</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCMAHAN, S K</b>	6.2 NAME	
STREET ADDRESS	<b>PO BOX 1688 N/A</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>EATON PARK FL</b>	6.4 CITY-ST-ZIP	

14. I 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 supplementary 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 in an attachment with an address.

SIGNATURE: \_\_\_\_\_ 5/12/98 941/647-3829

C2E037 (10/97)