

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N00483 (0)  
1. Corporation Name  
SOUTH FLORIDA WOODMEN OF THE WORLD SUNSHINE YOUTH ASSOCIATION, INC.



Principal Place of Business: 3730 CLEVELAND HGTS BLVD #5 LAKELAND FL 33813 US  
Mailing Address: 3730 CLEVELAND HGTS BLVD #5 LAKELAND FL 33813 US

3. Date Incorporated or Qualified: 12/20/1983  
4. FEI Number: 59-2215000  
Applied For: Not Applicable

2. Principal Place of Business (21) Suite, Apt. #, etc.  
22 City & State  
23 Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc.  
27 City & State  
28 Zip (29) Country (30)

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  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 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: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

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

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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 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 a trustee or a person 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)