


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 05, 1999 8:00am**  
**Secretary of State**

02-05-1999 90010 027 \*\*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N00483**

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/20/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2215000
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SMITH, R. C JR. 3730 CLEVELAND HGTS BLVD #5 LAKELAND FL 33813		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 \_\_\_\_\_  
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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	DST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALONE, JEANNE C	3.2 NAME	
STREET ADDRESS	4976 SHORE LINE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	POLK CITY FL 33868	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, FRANK D	4.2 NAME	
STREET ADDRESS	1820 BEDIVERE ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLT, LARRY	5.2 NAME	
STREET ADDRESS	3115 VALLEY HIGH DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 32961	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMAHAN, SIK	6.2 NAME	
STREET ADDRESS	PO BOX 1686 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	EATON PARK FL	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 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, with all other like empowered.

SIGNATURE: Jeannie Malone SIGNATURE REQUIRED Jeannie Malone 1/19/99 941-647-3829  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)