


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

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| DOCUMENT # N00483 | |  |
| 1. Entity Name SOUTH FLORIDA WOODMEN OF THE WORLD SUNSHINE YOUTH ASSOCIATION, INC. | | |

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| Principal Place of Business 3730 CLEVELAND HGTS BLVD STE 1 LAKELAND, FL 33813-1212 US | Mailing Address 3730 CLEVELAND HGTS BLVD STE 1 LAKELAND, FL 33813-1212 US |
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02092005 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 59-2215000 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent | |
| GOSHORN, TIM 3730 CLEVELAND HGTS BLVD STE 1 LAKELAND, FL 33813-1212 | |

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2005

| | |
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| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P AIRES, MAX 3730 CLEVELAND HGTS BLVD STE 1 LAKELAND, FL 33803 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD TICE, JAMES L 8 W. THRUSH STREET APOPKA, FL 32712 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT JOAN, GARRETT 1204 DOSSEYWOOD LANE LAKELAND, FL 33811 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DESROCHERS, CHRISTOPHER 2504 AVE G NW WINTER HAVEN, FL 33880 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOLT, LARRY 3115 VALLEY HIGH DRIVE LAKELAND, FL 33813 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCMAHAN, S K 3730 CLEVELAND HTS. BLVD. STE. 5 LAKELAND, FL 33803 |

U00000292498
 04/07/05-80075-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

Date: 4/2/05 863647-3229 Daytime Phone # _____