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FILED
Feb 05 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 # 761164 (3)

1. Corporation Name

THE S.B.C. 6954, INC.

Principal Place of Business

Mailing Address

9020 W ATLAS DR
HOMOSASSA FL 34446
US

PO BOX 1419
HOMOSASSA SPRINGS FL 34447
US



3. Date Incorporated or Qualified

12/17/1981

4. FEI Number

59-2629798

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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

10. Name and Address of New Registered Agent

OBERT, FATHER MARTIN D.
7040 S SUNCOAST BLVD
HOMOSASSA FL 34446

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME MCCARTY, JAMES A.
STREET ADDRESS 4702 W. OLD CITRUS ROAD
CITY-ST-ZIP LECANTO FL

TITLE ☐ DELETE

NAME MATTINGLY, CHARLES
STREET ADDRESS 1244 W. GLEN STREET
CITY-ST-ZIP GAITHERSBURG MD

TITLE ☐ DELETE

NAME MCCAULEY, ARTHUR
STREET ADDRESS 10455 S. SUNCOAST BLVD
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE ☐ DELETE

NAME PEARSALL, DONALD
STREET ADDRESS 34 PAGODA DRIVE
CITY-ST-ZIP HOMOSASSA FL

TITLE ☐ DELETE

NAME NEARY, JAMES
STREET ADDRESS 51 GREENTREE ST.
CITY-ST-ZIP HOMOSASSA FL

TITLE ☐ DELETE

NAME GUERTIN, RAUL
STREET ADDRESS 33 BIRCH TREE ST.
CITY-ST-ZIP HOMOSASSA FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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 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 (10/97)