NONPROFIT CORPORATION ANNUAL REPORT

1999



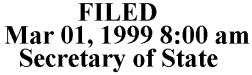
FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 761164

THE S.B.C. 6954, INC.



03-01-1999 90149 005 ****61.25

١														
Principal Place of Business Mailing Address														
9020 W ATLAS DR HOMOSASSA FL 34446 US			Н	PO BOX 1419 HOMOSASSA SPRINGS FL 34447 US										
١		·	T-9-	No. Was Added					3. Date Incorporated or Qualifed				ı	
2. Principal Place of Business				2a. Mailing Address					12/17/1981					
ŀ	Suite, Apt. 4	#. etc.	_ 26 j	Suite, Apt. #, etc.					4. FEI Number		App	lied For	l	
22 City & State			27						59-2629798 Not Apr					
			28	City & State					5. Certificate of Status Desired		\$8.75 A Fee Rec		1	
Zip Country				Zip Country					6. Election Campaign Financing \$5.00 May Be					
24 25			29	29					Trust Fund Contribution Added to Fees					
Į		9. Name and Address of Currer	ıt Regi:	legistered Agent					10. Name and Address of New Regist	ared Ag	ent			
ı							Name						l	
		ATHER MARTIN D.					Street	Address (P.O. Box Number is Not Acceptable)						
	7040 S SUNCOAST BLVD HOMOSASSA FL 34446						83		-		-		{	
	riomouno	ON I E OTTIO				84	City				85 Zip C	ode		
ı					_					<u>FL</u>		- alabaasad		
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 regional confice or registered agent, or both, in the State of Florida. Such change was suthorized by the corporation's board of directors. I hereby accept the appointment as register agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Sprature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent register required when reliestafing) DATE													(8)	
	12.	OFFICERS AN				13.			ADDITIONS/CHANGES TO OFFICE				(11/98)	
	TITLE	P		DELETE	1	.1 TITLE		4	•]	Change	☐ Addition	F	
	NAME	MCCARTY, JAMES A.			١,	2 NAME		1 1	BROKHOFF, EDWA	ا هاج	Ė.	1	37	
ı	STREET ADDRESS	4702 W. OLD CITRUS ROAD			1.	3 STREE	T ADDRESS	1	Brokhoff, Ebw. 1567 N. Marlbor Frystal River	0		امار	l H	
-	CITY-ST-ZIP	LECANTO FL					ST-ZEP <		-RYSTAL RIVER	17-1	34	429	CR2E037	
1	TITLE	VP		☐ DELETE	2	.1 TITLE		}			Change	☐ Addition	A PRODUCE	
	NAME	MATTINGLY, CHARLES	ES		2	2 NAME		1						
ĺ	STREET ADORESS	4344 W. GLEN STREET	CANTO FL			3 STREE	EET ADORESS Y-ST-ZIP		_				l	
į	CITY-ST-ZIP	LECANTO FL									Change	Addition	ł	
ı	TITLE	DT		☐ DELETE	3.2		3.1 TITLE 3.2 NAME				change	_ Addison		
ļ	NAME	MCCAULEY, ARTHUR												
	STREET ADDRESS	10455 S SUNCOAST BLVD					T ADDRESS	1				1	1	
.:	CITY-ST-ZIP	HOMOSASSA FL 34446				4 CITY-	ST-ZIP				Change -	- Addition		
Ì	TITLE	D		DELETE		.1 TITLE" . 2 NAME	_					_	l	
	NAME	PEARSALL, DONALD			- 1		T ADDRESS	ļ	•				ļ	
	STREET ADDRESS	34 PAGODA DRIVE	4. DELETE 5.										1	
	CITY-ST-ZIP TITLE	HOMOSASSA FL			1.4 CITY-ST-ZIP		-			Change	Addition			
	NAME	•				2 NAME		Po	RANK & Khow wer		-	İ	ı	
	1 1	MEARY, JAMES STREET ADDRESS 51 GREENTREE ST.					TADORESS		LANK S. NAOGLDY 455 S. SULKORST	ゆっつ		1	١	
		140140014001 Ft				4 CMY-5	ST-ZIP		omosass 4 B	• /			ļ	
	CITY-ST-ZIP	SD	☐ OELETE	DELETE 6.1 TO			 		1	Change	Addition	Ì		
	NAME	GUERTIN, RAOUL			6	2 NAME		(ļ	
	STREET ADDRESS			6.31			STREET ADDRESS						}	
	1 SINCE INDURESS	OU DIROTT TRUE OF						1				,	ı.	

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 en powered 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: