


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90099 018 \*\*\*\*70.00

<b>DOCUMENT # N98000005721</b>					
<b>1. Entity Name</b> FLORIDA SUN CONFERENCE, INC.					
<b>Principal Place of Business</b> 112 DOGWOOD COURT ST. AUGUSTINE, FL 32080			<b>Mailing Address</b> P.O. BOX 1027 ST. AUGUSTINE, FL 32085-1027		
<b>2. Principal Place of Business - No P.O. Box #</b> 1201 Ashton Palms Dr.		<b>3. Mailing Address</b> 1201 Ashton Palms Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Lake Wales, FL		<b>City &amp; State</b> Lake Wales, FL		<b>4. FEI Number</b> 59-3534404	
<b>Zip</b> 33859		<b>Country</b> USA		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  STEWART, DANIEL P 112 DOGWOOD COURT ST. AUGUSTINE, FL 32080			<b>7. Name and Address of New Registered Agent</b> Name: Wayne E. Howard Street Address (P.O. Box Number is Not Acceptable): 1201 Ashton Palms Dr. City: Lake Wales, FL Zip Code: 33859		
<b>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.</b> SIGNATURE: <u>Wayne E. Howard</u> <u>Wayne E. Howard</u> DATE: <u>4/4/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> BARNETT, R. DAVID <b>STREET ADDRESS</b> 320 OLD PLANTATION DRIVE <b>CITY-ST-ZIP</b> ST AUGUSTINE, FL 32086	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> Steve Ripdier <b>STREET ADDRESS</b> 6005 Clyde Morris Blvd. <b>CITY-ST-ZIP</b> Daytona Beach, FL 32114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> CD <b>NAME</b> STEWART, DANIEL <b>STREET ADDRESS</b> 112 DOGWOOD DRIVE <b>CITY-ST-ZIP</b> ST AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> CD <b>NAME</b> Wayne E. Howard <b>STREET ADDRESS</b> 1201 Ashton Palms Dr. <b>CITY-ST-ZIP</b> Lake Wales, FL 33859	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> ST <b>NAME</b> SMITH, ROBERT <b>STREET ADDRESS</b> 15800 N.W. 42ND AVENUE <b>CITY-ST-ZIP</b> MIAMI, FL 33054	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> <u>Wayne E. Howard</u> <u>Wayne E. Howard</u> <u>4/4/07</u> <u>863-324-1099</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					