

2008 NOT-FOR-PROFIT-CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008 8:00 am
Secretary of State

01-15-2008 90033 017 ****70.00

DOCUMENT # N98000005721

1. Entity Name
FLORIDA SUN CONFERENCE, INC.



Principal Place of Business
1201 ASHTON PALMS DR.
LAKE WALES, FL 33859

Mailing Address
1201 ASHTON PALMS DR.
LAKE WALES, FL 33859



01092008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3534404

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HOWARD, WAYNE E
1201 ASHTON PALMS DR.
LAKE WALES, FL 33859

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$81.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RIDDER, STEVE
STREET ADDRESS 6885 CLYDE MORRIS BLVD
CITY-ST-ZIP DAYTONA BEACH, FL 32114

TITLE CO
NAME HEWARD, WAYNE E
STREET ADDRESS 1201 ASHTON PALMS DR.
CITY-ST-ZIP LAKE WALES, FL 33859

TITLE ST
NAME SMITH, ROBERT
STREET ADDRESS 15800 N.W. 42ND AVENUE
CITY-ST-ZIP MIAMI, FL 33054

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Wayne E. Howard **Wayne E. Howard** **1/9/08** **863-324-1099**