2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 761164 1. Entity Name THE S.B.C. 6954, INC.					FILED
	,				08 DEC 11 PM 4: 32
Principal Plac 9020 W ATL HOMOSASSA		Meiling Address PO BOX 1419 HOMOSASSA, FL 34446 US		i	SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			110220 REINSTATEMENT (1/07) 68
City & State		City & State			4. FEI Number Applied For 59-2629798 Not Applicable
Zip	Country Zip				5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent					
TOBIN, MICHAEL E 9132 W WISTERIA LANE CRYSTAL RIVER, FL 34429				18	P.O. Box Number is Not Acceptable
City Homas A 5 9 A FL 34446					
8. The above named entity submits this statement or 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 COLOR Signature, typed or printed name of registered agent and title if applicable. (MOTE: Registered Agent signature required when reinstating) DATE OU. 2, 2008					
FILE NOW!!! FEE IS \$236.25 After January 1, 2009, Fee will be \$297.50 Make check payable to Florida Department of State					
10.	OFFICERS AND DIF	ECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE	Р	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MCCARTY, JAMES		NAM	1	FOOTOOF
STREET ADDRESS CITY-ST-ZIP	4702 W OLD CITRUS RD LECANTO, FL 33461			ET ADORESS -ST-71P	500138325925 12/01/0801040011 **175.00
TITLE	VP	☐ Delete	TITLE		□ Change □ Addition
NAME	DUNTON, ROBERT M	L Delete	NAMI	1	
STREET ADDRESS CITY-ST-ZIP	14 TALL MARIGOLD CT HOMOSASSA, FL 34446			ET ADORESS -ST-ZIP	100138956011 12/11/0801023013 **61.25
TITLE	DT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	MCCAULEY, ARTHUR 7017 W, WALDEN WOODS DR		NAM	E Et address	
CITY-ST-ZIP	HOMOSASSA, FL 34446			-ST-ZIP	·
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PEARSALL, DONALD		NAMI		111371
STREET ADDRESS CITY-ST-ZIP	34 PAGODA DRIVE HOMOSASSA, FL			ET ADDRESS -ST-ZIP	
TITLE	D	Delete	TITLE	1 5	OBERT PUNTON Change Prodition
NAME STREET ADDRESS	NADOLNY, FRANK S 10455 S SUNCOAST #77		NAMI	E ET ADDRESS ノゲ	OBERT DUNTON Change Deaddition
CITY-ST-ZIP	HOMOSASSA, FL			-ST-ZIP	0m0 & ASS A B1.34446
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GUERTIN, RAOUL		NAM	1	
STREET ADDRESS City-St-Zip	33 BIRCH TREE ST. HOMOSASSA, FL			ET ADORESS -ST-ZIP	
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.					
	TIPE: Some	11/11/	2_,	1-	Nov. 2, 2008