2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# 761164

Entity Name: THE S.B.C. 6954, INC.

Current Principal Place of Business:

9020 W ATLAS DR
HOMOSASSA, FL 34446 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1419
HOMOSASSA, FL 34446 US

New Mailing Address:

FEI Number: 59-2629798 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RICHARDS, PAUL C
144 DOUGLAS ST
HOMOSASSA, FL 34446 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	MCCARTY, JAMES	
Address:	4702 W OLD CITRUS RD	
City-St-Zip:	LECANTO, FL 33461 US	
Title:	VP	( ) Delete
Name:	DUNTON, ROBERT M	
Address:	14 TALL MARIGOLD CT	
City-St-Zip:	HOMOSASSA, FL 34446 US	
Title:	DT	( ) Delete
Name:	MCCAULEY, ARTHUR	
Address:	7017 W. WALDEN WOODS DR	
City-St-Zip:	HOMOSASSA, FL 34446 US	
Title:	D	( ) Delete
Name:	PEARSALL, DONALD	
Address:	34 PAGODA DRIVE	
City-St-Zip:	HOMOSASSA, FL	
Title:	D	( ) Delete
Name:	DUNTON, ROBERT	
Address:	14 TALL MARIGOLD CT	
City-St-Zip:	HOMOSASSA, FL 34446	
Title:	SD	( ) Delete
Name:	GUERTIN, RAOUL	
Address:	33 BIRCH TREE ST.	
City-St-Zip:	HOMOSASSA, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	MATTINGLY, CHARLES E	
Address:	4344 W. GLEN ST.	
City-St-Zip:	LECANTO, FL 34461 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A. MCCARTY PRES 03/09/2009
Electronic Signature of Signing Officer or Director — Date