

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00483

**Entity Name:** SOUTH FLORIDA WOODMEN OF THE WORLD SUNSHINE YOUTH ASSOCIATION, INC.

**FILED**  
**Apr 23, 2022**  
**Secretary of State**  
**8341532034CC**

**Current Principal Place of Business:**

3455 ARROWWOOD DRIVE  
LAKELAND, FL 33811

**Current Mailing Address:**

3455 ARROWWOOD DRIVE  
LAKELAND, FL 33811 US

**FEI Number: 59-2933363**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

RAFFORD, ELIZABETH  
3455 ARROWWOOD DR  
LAKELAND, FL 33811 US

*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:** ELIZABETH RAFFORD

04/23/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name EMERSON, GARRET L  
Address 3051 HIGHLAND OAKS TERRACE  
SUITE. 2  
City-State-Zip: TALLAHASSEE FL 32301

Title TREA  
Name RAFFORD, ELIZABETH  
Address 3455 ARROWWOOD DRIVE  
City-State-Zip: LAKELAND FL 33811

Title DIRECTOR  
Name MCCRANEY, LOU  
Address 1001 CARPENTERS WAY  
A217  
City-State-Zip: LAKELAND FL 33809

Title DIRECTOR  
Name DESROCHERS, CHRISTOPHER  
Address 2504 AVENUE G NW  
City-State-Zip: WINTER HAVEN FL 33880

Title VP  
Name HARLEY, BOB  
Address 3642 PIONEER TRAILS DRIVE  
City-State-Zip: LAKELAND FL 33810

Title SECRETARY  
Name JOHNSON, JOHN D.  
Address 1153 WATERFALL LANE  
City-State-Zip: LAKELAND FL 33803

Title DIRECTOR  
Name ADAMS, LLOYD  
Address 5240 23 COURT SW  
City-State-Zip: NAPLES FL 34116

Title DIRECTOR  
Name WILBANKS, JOHN  
Address 1229 EAST ORANGE AVENUE  
City-State-Zip: EUSTES FL 32726

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** ELIZABETH RAFFORD

**TREASURER**

04/23/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            STARLING, ELIZABETH  
Address        4295 PROMENADE BLVD.  
City-State-Zip: PLANT CITY FL 33563