

**2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000004203

**Entity Name:** WYCLIFFE ASSOCIATES, INC.

**Current Principal Place of Business:**

11450 TRANSLATION WAY  
ORLANDO, FL 32832

**Current Mailing Address:**

PO BOX 620143  
ORLANDO, FL 32862

**FEI Number:** 95-2584324

**Certificate of Status Desired:** No

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

BOYLES, WILLIAM A  
301 E. PINE STREET, SUITE 1400  
ORLANDO, FL 32801 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SMITH, BRUCE A  
Address        11450 TRANSLATION WAY  
City-State-Zip: ORLANDO FL 32832

Title            D, CHAIRMAN  
Name            RINNE, KRIS  
Address        11450 TRANSLATION WAY  
City-State-Zip: ORLANDO FL 32832

Title            D  
Name            AXT, KEN  
Address        11450 TRANSLATION WAY  
City-State-Zip: ORLANDO FL 32832

Title            D, SECRETARY  
Name            SMITH, BECKY  
Address        11450 TRANSLATION WAY  
City-State-Zip: ORLANDO FL 32832

Title            COO  
Name            NEU, TIMOTHY F  
Address        11450 TRANSLATION WAY  
City-State-Zip: ORLANDO FL 32832

Title            D, TREASURER  
Name            GERVAIS, JOE  
Address        11450 TRANSLATION WAY  
City-State-Zip: ORLANDO FL 32832

Title            D  
Name            HULL, CHIP  
Address        11450 TRANSLATION WAY  
City-State-Zip: ORLANDO FL 32832

Title            D  
Name            KOUYATE, SOULEYMANE  
Address        11450 TRANSLATION WAY  
City-State-Zip: ORLANDO FL 32832

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*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:** SCOTT BROWN

**CFO**

**02/10/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR, VC  
Name ALLEN, LINDA  
Address 11450 TRANSLATION WAY  
City-State-Zip: ORLANDO FL 32832

Title DIRECTOR  
Name BAKER, WILLIAM  
Address 11450 TRANSLATION WAY  
City-State-Zip: ORLANDO FL 32832

Title DIRECTOR  
Name PANYA, STEPHEN  
Address 11450 TRANSLATION WAY  
City-State-Zip: ORLANDO FL 32832

Title DIRECTOR  
Name UNG, SIMOUN  
Address 11450 TRANSLATION WAY  
City-State-Zip: ORLANDO FL 32832

Title CFO  
Name BROWN, SCOTT  
Address 11450 TRANSLATION WAY  
City-State-Zip: ORLANDO FL 32832

Title DIRECTOR  
Name HAWKINS, CINDY  
Address 11450 TRANSLATION WAY  
City-State-Zip: ORLANDO FL 32832

Title DIRECTOR  
Name STULP, GAY ELLEN  
Address 11450 TRANSLATION WAY  
City-State-Zip: ORLANDO FL 32832