

2014 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 STREEETE, 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, VC
Name RIES, PAUL DR.
Address 11450 TRANSLATION WAY
City-State-Zip: ORLANDO FL 32832

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

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

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

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: TIMOTHY F NEU

CFO

03/17/2014

Electronic Signature of Signing Officer/Director Detail

Date