

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 761164 (3)
1. Corporation Name
THE S.B.C. 6954, INC.



Principal Place of Business
**9020 W ATLAS DR
HOMOSASSA FL 34446
US**

Mailing Address
**PO BOX 1419
HOMOSASSA SPRINGS FL 34447
US**

3. Date Incorporated or Qualified **12/17/1981** 3a. Date of Last Report **04/19/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2629798		Applied For <input type="checkbox"/> Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23	Zip	28	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	Country	29	Country				

9. Name and Address of Current Registered Agent

**OBERT, FATHER MARTIN D.
7040 S SUNCOAST BLVD
HOMOSASSA FL 34446**

10. Name and Address of New Registered Agent

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	FL
85	Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NADOLNY, FRANK S.	1.2 NAME	JAMES A. McCarty
STREET ADDRESS	10455 S. SUNCOAST BLVD LOT #77	1.3 STREET ADDRESS	4702 W. Old Citrus Rd.
CITY-ST-ZIP	HOMOSASSA FL	1.4 CITY-ST-ZIP	LEGANTO, FL. 34461
TITLE	VTR	2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARSALL, DONALD	2.2 NAME	CHARLES E. MATTINGLY
STREET ADDRESS	34 PAGODA DR.	2.3 STREET ADDRESS	4344 W. GLEN ST.
CITY-ST-ZIP	HOMOSASSA FL	2.4 CITY-ST-ZIP	LEGANTO, FL. 34461
TITLE	BT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAULEY, ARTHUR	3.2 NAME	
STREET ADDRESS	32A CYPRESS RUN	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL 34446	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIOPEL, CHRIS	4.2 NAME	DONALD PEARSALL
STREET ADDRESS	5209 S. FOREST TERR.	4.3 STREET ADDRESS	34 PAGODA DR.
CITY-ST-ZIP	HOMOSASSA FL	4.4 CITY-ST-ZIP	HOMOSASSA, FL. 34446
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEARY, JAMES	5.2 NAME	
STREET ADDRESS	51 GREENTREE ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUERTIN, RAOUL	6.2 NAME	
STREET ADDRESS	33 BIRCH TREE ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James A. McCarty **JAMES A. McCarty Pres.** **MARCH 12, 1996** **352-746-2552**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)