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FILED

Jan 23 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

9020 W ATLAS DR
HOMOSASSA FL 34446
USPO BOX 1419
HOMOSASSA SPRINGS FL 34447-1419
US3. Date Incorporated or Qualified
12/17/19813a. Date of Last Report
03/20/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2629798Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	MCCARTY, JAMES A.	
STREET ADDRESS	4702 W. OLD CITRUS ROAD	
CITY - ST - ZIP	LECANTO FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MATTINGLY, CHARLES	
STREET ADDRESS	4344 W. GLEN STREET	
CITY - ST - ZIP	LECANTO FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MCCAULEY, ARTHUR	
STREET ADDRESS	32A CYPRESS RUN - 10455 S SHIRAZ BLVD	
CITY - ST - ZIP	HOMOSASSA FL 34446	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEARSALL, DONALD	
STREET ADDRESS	34 PAGODA DRIVE	
CITY - ST - ZIP	HOMOSASSA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEARY, JAMES	
STREET ADDRESS	51 GREENTREE ST.	
CITY - ST - ZIP	HOMOSASSA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GUERTIN, RAOUL	
STREET ADDRESS	33 BIRCH TREE ST.	
CITY - ST - ZIP	HOMOSASSA FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ARTHUR MCCAULEY *Arthur McCauley* 1/19/97 382-4434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0065226

CR2E037 (9/96)