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**Feb 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 12/17/1981		
4. FEI Number 59-2629798	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

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	1244 W. GLEN STREET	
CITY-ST-ZIP	DAWSONVILLE GA	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MCCAULEY, ARTHUR	
STREET ADDRESS	10455 S. SUNCOAST 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, RAUL	
STREET ADDRESS	33 BIRCH TREE ST.	
CITY-ST-ZIP	HOMOSASSA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DT MCCAULEY, ARTHUR
3.3 STREET ADDRESS	10455 S. SUNCOAST BLVD
3.4 CITY-ST-ZIP	HOMOSASSA, FL. 34446
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 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 _____

CR2E037 (10/97)