


FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90149 005 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 761164
 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
--	--



2. Principal Place of Business 21 22 23 24	2a. Mailing Address 26 27 28 29	3. Date Incorporated or Qualified 12/17/1981	4. FEI Number 59-2629798	Applied For Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	MCCARTY, JAMES A.	1.2 NAME	BROKHOFF, EDWARD E.
STREET ADDRESS	4702 W. OLD CITRUS ROAD	1.3 STREET ADDRESS	1567 N. MARLBORO
CITY-ST-ZIP	LECANTO FL	1.4 CITY-ST-ZIP	CRYSTAL RIVER FL 34429
TITLE	VP	2.1 TITLE	
NAME	MATTINGLY, CHARLES	2.2 NAME	
STREET ADDRESS	4344 W. GLEN STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	LECANTO FL	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	
NAME	MCCAULEY, ARTHUR	3.2 NAME	
STREET ADDRESS	10455 S SUNCOAST BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL 34446	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	PEARSALL, DONALD	4.2 NAME	
STREET ADDRESS	34 PAGODA DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	NEARY, JAMES	5.2 NAME	FRANK S. NADOLNY
STREET ADDRESS	51 GREENTREE ST.	5.3 STREET ADDRESS	10455 S. SUNCOAST ST
CITY-ST-ZIP	HOMOSASSA FL	5.4 CITY-ST-ZIP	HOMOSASSA FL
TITLE	SD	6.1 TITLE	
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 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, with all other like empowered.

SIGNATURE: [Signature] 2/3/99 352 563 5043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)