2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Jan 31, 2005 08:00 AM Secretary of State **DOCUMENT # 761164** 1. Entity Name THE S.B.C. 6954, INC. Principal Place of Business ... Mailing Address 9020 W ATLAS DR HOMOSASSA FL 34446 US PO BOX 1419 HOMOSASSA SPRINGS FL 34447 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 59-2629798 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROKHOFF, EDWARD E Street Address (P.O. Box Number is Not Acceptable) 1567 N MARLBOROUGH LOOP CRYSTAL RIVER FL 34429-8714 Zip Code FL 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when teinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5,00 May Be Make Check Payable to \Box Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS TO OFFICERS AND DIRECTORS IN 10 10. 11. Change ☐ Addition Delete THE TITLE MCCARTY, JAMES NAME NAME 4702 W OLD CITRUS RD STREET ADDRESS STREET ADDRESS LECANTO FL 33461 CITY-ST-ZIP CITY-ST-ZIP VΡ ☐ Delete U2/01/05-80059-02₽ \$#ge5 □ Addition TITLE MATTINGLY, CHARLES NAME NAME 4344 W. GLEN ST STREET ADDRESS STREET ADDRESS LECANTO FL 34461 CITY-51-ZIP CITY-ST ZIE Change ☐ Addition THILE Delete THEF MCCAULEY, ARTHUR NAME NAME 7017 W. WALDEN WOODS DR STREET ADDRESS STREET ADDRESS HOMOSASSA FL 34446 CITY ST-ZIF CHY-ST-ZIP Change ☐ Addition Delete PEARSALL, DONALD NAME 34 PAGODA DRIVE STREET ADDRESS STREET ADDRESS HOMOSASSA FL CITY ST-ZIP CITY-ST-ZIP ☐ Delete THILE ☐ Change ☐ Addition Wit. NADOLNY, FRANK S NAME NAME 10455 S SUNCOAST #77 STREET ADDRESS STREET ADDRESS HOMOSASSA FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition MILE Delete mue GUERTIN, RAOUL NAME NAME 33 BIRCH TREE ST. STREET ADDRESS STREET ADDRESS HOMOSASSA FL CITY - ST - 7IP CITY-ST-7P 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FICER OR DIRECTOR

FILED

352-746-2557 Daytime Phone *