


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90074 022 ****70.00

DOCUMENT # 761164					
1. Entity 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 - No P.O. Box # SAME		3. Mailing Address P.O. BOX 1419			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State HOMOSASSA FL		City & State HOMOSASSA FL		4. FEI Number 59-2629798	
Zip 34446		Country CITRUS		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOBIN, MICHAEL E 9132 W WISTERIA LANE CRYSTAL RIVER, FL 34429			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCARTY, JAMES 4702 W OLD CITRUS RD LECANTO, FL 33461	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MATTINGLY, CHARLES 4344 W. GLEN ST LECANTO, FL 34461	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MCCAULEY, ARTHUR 7017 W. WALDEN WOODS DR HOMOSASSA, FL 34446	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEARSALL, DONALD 34 PAGODA DRIVE HOMOSASSA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NADOLNY, FRANK S 10455 S SUNCOAST #77 HOMOSASSA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GUERTIN, RAOUL 33 BIRCH TREE ST. HOMOSASSA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert M. Danton 14 Tall Marigold Ct. HOMOSASSA, FL. 34446				
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE

James D. McCarty

April 10, 2007