



2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 761164

1. Entity Name
THE S.B.C. 6954, INC.



FILED
08 DEC 11 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 1102209 (1/07) 08

Principal Place of Business
**9020 W ATLAS DR
HOMOSASSA, FL 34446 US**

Mailing Address
**PO BOX 1419
HOMOSASSA, FL 34446 US**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
59-2629798

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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: **Paul A. Richards**
Street Address (P.O. Box Number is Not Acceptable): **174 Douglas St**
City: **HOMOSASSA FL** Zip Code: **34446**

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: *Paul A. Richards Sr* DATE: **Nov. 2, 2008**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25
After January 1, 2009, Fee will be \$297.50

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
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 DUNTON, ROBERT M 14 TALL MARIGOLD CT HOMOSASSA, FL 34446 <input 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 checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GUERTIN, RAOUL 33 BIRCH TREE ST. HOMOSASSA, FL <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500138325925 12/01/08--01040--011 **175.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100138956011 12/11/08--01023--013 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Mr. 111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Robert Dunton 14 TALL MARIGOLD CT. HOMOSASSA, FL. 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 A. McCarty* DATE: **Nov. 2, 2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR