

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY 17 AM 8:45

DOCUMENT # 765021 (1)
1. Corporation Name
SUNLIGHT PALMBEARERS CHARITABLE SOCIETY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
638 N.W. 1ST ST.
OCALA FL 34470 P.O. BOX 572
ST. AUGUSTINE FL 32085-0572

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/16/1982
3a. Date of Last Report 07/22/1994

4. FEI Number NOT APPLICABLE
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes 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 Country Zip 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRAND, LEVIN T
785 W. CHAPIN ST.
ST. AUGUSTINE FL 32085-0572

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	WINN, WILLIE D
STREET ADDRESS	271 AZALEA ST.
CITY - ST - ZIP	ARLINGTON GA 31713
TITLE	VD
NAME	ANDERSON, PEARL
STREET ADDRESS	908 DIVISION AVE.
CITY - ST - ZIP	W. PALM BEACH FL 33401
TITLE	SD
NAME	WHITE, LURIDEAN
STREET ADDRESS	771 NW 167TH TERR.
CITY - ST - ZIP	MIAMI FL 33169
TITLE	TD
NAME	STRAND, LEVIN T
STREET ADDRESS	785 W. CHAPIN ST.
CITY - ST - ZIP	ST. AUGUSTINE FL 32085
TITLE	D
NAME	SMITH, GEORGE
STREET ADDRESS	609 BENNETT ST.
CITY - ST - ZIP	MADISON FL 32340
TITLE	D
NAME	SMITH, MILL
STREET ADDRESS	309 CAMPBELL AVE.
CITY - ST - ZIP	ORLANDO FL 32811

11 TITLE	First Vice President/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Raymond Fisher
13 STREET ADDRESS	290 Knowlton Street
14 CITY - ST - ZIP	St. Augustine, Florida 32095
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Levin T. Strand

SIGNATURE AND TYPED OR PRINTED NAME OF HOLDING OFFICER OR DIRECTOR

4-24-95

Date

904 824-4429

(Area 1 Press 2)