

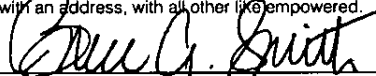


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90023 034 ****61.25

DOCUMENT # F04000004203 1. Entity Name WYCLIFFE ASSOCIATES, INC.					
Principal Place of Business 202 S. PROSPECT AVE ORANGE, CA 92859			Mailing Address P.O. BOX 2000 ORANGE, CA 92835		
2. Principal Place of Business - No P.O. Box # 202 S. Prospect St.		3. Mailing Address P.O. Box 2000		 03182008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Orange, CA		City & State Orange, CA			
Zip 92869	Country US	Zip 92859	Country US		
4. FEI Number 95-2584324				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOYLES, WILLIAM A. 301 E. PINE STREETE, SUITE 1400 ORLANDO, FL 32801			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, 2008		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 SMITH, BRUCE A <input type="checkbox"/> Delete 9784 BENNINGTON CHASE DRIVE ORLANDO, FL 32829		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Baker, William 78 W Wesley Rd NW Atlanta, GA 30305	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete BROWNSON, ROGER 1600 COBB HILL ROAD BOZEMAN, MT 59718		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Miller, Marilyn 8951 Southmoor Ave. Highland, IN 46322	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input type="checkbox"/> Delete KING, PAUL 3201 RUSTIC DRIVE KISSIMMEE, FL 34744		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ries, Paul, Dr. 4205 Berkshire Court Midland, MI 48640	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete WEEKS, JAMES H 120 WINDSOR PARK DRIVE, A326 CAROL STREAM, IL 60188		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Britting, Bob 404 Samantha K Court St. Cloud, FL 34771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete ARGRELIUS, TERRY C 3524 STEVENS WAY MARTINEZ, GA 30907		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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: 			Date 3-24-08 Daytime Phone # 407-852-5318		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

WYCLIFFE ASSOCIATES, INC.

DOCUMENT # F04000004203

40052017

OFFICERS AND DIRECTORS (CONTINUED)

ADDITION/CHANGE/DELETE

Title: D

Name: Devries, Chuck

Address: P.O. Box 620800

City-St-Zip: Orlando, FL 32832

Title: T

Name: Hull, Chip

Address: 2096 Ralley Court

City-St-Zip: Thousand Oaks, CA 91362

Title: D

Name: Layman, Eldon

Address: 1698 Massanetta Springs, Rd.

City-St-Zip: Harrisonburg, VA 22801

Title: D

Name: LeFevre, J. David

Address: 262 Evansville Rd.

City-St-Zip: Berwick, PA 18603

Title: D

Name: Meeder, Connie

Address: 9335 Fourth St

City-St-Zip: Highland, IN 46322-2701

Title: D

Name: Olson, Laef

Address: 437 Summit Ave

City-St-Zip: West Chicago, IL 60185

Title: D

Name: Scheeres, Jacob W., M.D.

Address: 10116 Hart Branch Circle

City-St-Zip: Orlando, FL 32832

Title: S

Name: Steere, O'Ann

Address: 26 W. 104 Thomas Road

City-St-Zip: Wheaton, IL 60187

Title: D

Name: Vande Vrede, Robert

Address: 1506 Weymount Place

City-St-Zip: Santa Ana, CA 92705