

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90114 027 ****61.25

DOCUMENT # N00483



1. Entity Name
**SOUTH FLORIDA WOODMEN OF THE WORLD
SUNSHINE YOUTH ASSOCIATION, INC.**

Principal Place of Business
**3730 CLEVELAND HGTS BLVD
STE 1
LAKELAND, FL 33813-1212 US**

Mailing Address
**3730 CLEVELAND HGTS BLVD
STE 1
LAKELAND, FL 33813-1212 US**

44047069



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07012004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2215000

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOSHORN, TIM
3730 CLEVELAND HGTS BLVD
STE 1
LAKELAND, FL 33813-1212**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
**PD
GOSHORN, TIM
3730 CLEVELAND HGTS BLVD STE 1
LAKELAND, FL 33803** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Max Aines
President
3730 Cleveland Hgts Bl, Ste 1
Lakeland FL 33803-0212** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
TICE, JAMES L
8 W. THRUSH STREET
APOKA, FL 32712** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
JOAN, GARRETT
1204 DOSSYWOOD LANE
LAKELAND, FL 33811** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1204 Dossywood Lane ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DESROCHERS, CHRISTOPHER
2504 AVE G NW
WINTER HAVEN, FL 33880** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HOLT, LARRY
3115 VALLEY HIGH DRIVE
LAKELAND, FL 33813** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCMAHAN, S K
3730 CLEVELAND HTS. BLVD. STE. 5
LAKELAND, FL 33803** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joan L. Garrett, Treasurer

7/1/04

863/647-3829