

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90036 036 ****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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2215000 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/07)	
6. Name and Address of Current Registered Agent AINES, MAX 3730 CLEVELAND HGTS BLVD STE 1 LAKELAND FL 33813					
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 _____ Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature is a must when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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	P AINES, MAX 3730 CLEVELAND HGTS BLVD STE 1 LAKELAND FL 33803 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HALEY, ROBERT P.O. BOX 219 HIGHLAND CITY FL 33846 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JOAN, GARRETT 1204 DOSSEYWOOD LANE LAKELAND FL 33814 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Anderson, Elizabeth 3730 Cleveland Hgts. Blvd, #1 Lakeland FL 33803-0212 ☒ 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 exemptions contained in Section 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:

Elizabeth Anderson

Elizabeth Anderson

1/23/08

863/647-3829