

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00483

FILED
Feb 09, 2012
Secretary of State

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

Current Principal Place of Business:

3730 CLEVELAND HGTS BLVD
STE 1
LAKELAND, FL 33803 US

New Principal Place of Business:

Current Mailing Address:

3730 CLEVELAND HGTS BLVD
STE 1
LAKELAND, FL 33803 US

New Mailing Address:

FEI Number: 59-2933363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMAHAN, KYLE PRES
3730 CLEVELAND HGTS BLVD
STE 1
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: MCMAHAN, KYLE
Address: 3730 CLEVELAND HGTS BLVD STE 1
City-St-Zip: LAKELAND, FL 33803 US

Title: VP
Name: HARLEY, ROBERT
Address: P.O. BOX 219
City-St-Zip: HIGHLAND CITY, FL 33846 US

Title: TREA
Name: HENDERSON, HOLLAND
Address: 3730 CLEVELAND BLVD #1
City-St-Zip: LAKELAND, FL 33803 US

Title: SECR
Name: MCCRANEY, LOU
Address: 3105 BROOK DRIVE
City-St-Zip: LAKELAND, FL 33811 US

Title: TRUS
Name: POWELL, VIVIAN
Address: 1755 MAHAFFEY CIR.
City-St-Zip: LAKELAND, FL 33811 US

Title: TRUS
Name: MULE, JOE
Address: 31249 PARK RIDGE DR
City-St-Zip: BROOKSVILLE, FL 34602 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LAURA HELM

COD

02/09/2012

Electronic Signature of Signing Officer or Director

_____ Date