

**2002 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**Jun 05, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90018 046 \*\*\*\*66.25

**DOCUMENT # N01000001644**

1. Entity Name  
**SOUTHERN CONFERENCE OF SOUTH FLORIDA, INC.**

Principal Place of Business <b>1941 LAVONE ST LAKELAND FL 33805</b>	Mailing Address <b>1941 LAVONE ST LAKELAND FL 33805</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number **593719017** Applied For   
 Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  
**SMITH, JOHN  
 1941 LAVONE ST  
 LAKELAND FL 33805**

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.

SIGNATURE John SMITH [Signature] 4-27-02  
 Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>SMITH, JOHN</b> <b>1941 LAVONE ST</b> <b>LAKELAND FL 33805</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1V</b> <b>COPELAND, JOHN L</b> <b>1941 LAVONE ST</b> <b>LAKELAND FL 33805</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2V</b> <b>BAKER, RAYMOND</b> <b>1941 LAVONE ST</b> <b>LAKELAND FL 33805</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>JOHNSON, JESSE</b> <b>1941 LAVONE ST</b> <b>LAKELAND FL 33805</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>OVERSTREET, JAMIE</b> <b>1941 LAVONE ST</b> <b>LAKELAND FL 33805</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>DINK, JAMES</b> <b>1941 LAVONE ST</b> <b>LAKELAND FL 33805</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CRAIG J. SMITH</b> <b>1941 LAVON STREET</b> <b>LAKELAND, FL 33805</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>(T)</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WILLIAM THOMAS</b> <b>1907 3rd STREET NE</b> <b>WINTER HAVEN, FL 33881</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>(T)</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TONY SMITH</b> <b>1941 LAVON STREET</b> <b>LAKELAND, FL 33805</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>(T)</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JACQUELINE MONTGOMERY</b> <b>1941 LAVON STREET</b> <b>LAKELAND, FL 33805</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>(T)</b>
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 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 I am empowered.

SIGNATURE: [Signature] John W. SMITH 4-27-02 863 682-1483  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2007 (9/01)