

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

06 JUN -8 PM 3: 26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N01000001644</b> 1. Entity Name SOUTHERN CONFERENCE OF SOUTH FLORIDA, INC.	
--	--

Principal Place of Business 1941 LAVONE ST LAKELAND, FL 33805	Mailing Address 1941 LAVONE ST LAKELAND, FL 33805
---	---

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

05152006	Chg-NP	CR2E037 (4/06)
4. FEI Number <b>59-3719017</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  SMITH, JOHN 1941 LAVONE ST LAKELAND, FL 33805	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City
---	--

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>Make check payable to Florida Department of State</b>		

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PT SMITH, JOHN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JOHN	NAME	
STREET ADDRESS	1941 LAVONE ST	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33805	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGLESH, CHESTER R	NAME	
STREET ADDRESS	950 WARE AVE. NE	STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURANT, WILLIE D	NAME	
STREET ADDRESS	1515 SDAL POINT DR.	STREET ADDRESS	
CITY-ST-ZIP	BARTOW, FL 33830	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, GERALDINE	NAME	
STREET ADDRESS	301 AVE. U NE	STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, JACQUELINE	NAME	
STREET ADDRESS	2648 RAVENALL AVE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32811	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:** John W. Smith JOHN W. SMITH 06/06/06 863 738 5264  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #