


# 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	Zip	Country	4. FEI Number 59-3719017	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SMITH, JOHN 1941 LAVONE ST LAKELAND, FL 33805				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PT SMITH, JOHN 1941 LAVONE ST LAKELAND, FL 33805	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ENGLESH, CHESTER R 950 WARE AVE. NE WINTER HAVEN, FL 33881	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DURANT, WILLIE D 1515 SDAL POINT DR. BARTOW, FL 33830	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YOUNG, GERALDINE 301 AVE. U NE WINTER HAVEN, FL 33881	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MONTGOMERY, JACQUELINE 2648 RAVENALL AVE ORLANDO, FL 32811	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 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.			300076385283 06/20/06--01038--018 Change 61025		
SIGNATURE: <i>John W. Smith</i> JOHN W. SMITH			06/06/06 863 738 5264		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		