

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90761 025 ****61.25

DOCUMENT # N01000001644

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



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

90117576



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3719017**

Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 *John Smith*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-03

FILE NOW: FEE IS \$61.25

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	PT	<input type="checkbox"/> Delete
NAME	SMITH, JOHN	
STREET ADDRESS	1941 LAVONE ST	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SMITH, CRAIG J	
STREET ADDRESS	1941 LAVON STREET	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, WILLIAM	
STREET ADDRESS	1907 3RD STREET NE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SMITH, TONY	
STREET ADDRESS	1941 LAVON STREET	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	T	<input type="checkbox"/> Delete
NAME	MONTGOMERY, JACQUELINE	
STREET ADDRESS	1941 LAVONE ST	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	T	<input type="checkbox"/> Delete
NAME	STANLEY GASKIN	
STREET ADDRESS	6925 PORTER RD.	
CITY-ST-ZIP	LAKE WALES, FL. 33898	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHESTER P. ENGLISH	
STREET ADDRESS	950 WAKE AV. NE	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLEE D. DURANT	
STREET ADDRESS	1515 SADDLE POINT DR.	
CITY-ST-ZIP	BARTON, FL. 33830	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERALDENE YOUNG	
STREET ADDRESS	301 AVE "J" NE	
CITY-ST-ZIP	WINTER HAVEN, FL. 33881	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

SIGNATURE: *John Smith* *APR 27 2003* *8363* *682-4483*

CR2E037 (10/02)