


FILE NOW: FILING FEE IS \$61.25

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Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90066 047 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000004605

1. Corporation Name
SINGING RIVER RENDEZVOUS ASSOCIATION, INC.

Principal Place of Business 3036 11TH STREET W. BRADENTON FL 34205	Mailing Address 3036 11TH STREET W. BRADENTON FL 34205
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307653 - 90066 - 47



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 09/03/1996	4. FEI Number 65-0793428	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent LAMB, BOBBY J SR. 3036 11TH STREET W. BRADENTON FL 34205	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMB, BOBBY J	1.2 NAME	
STREET ADDRESS	3036 11TH ST. W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 36205	1.4 CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, JON R	2.2 NAME	
STREET ADDRESS	2617 ASHTON ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMB, KARON	3.2 NAME	
STREET ADDRESS	3036-11TH ST W	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34205	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SADLER, MARY F	4.2 NAME	
STREET ADDRESS	1110 63RD AVE E.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34203	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDRICH, MASON	5.2 NAME	
STREET ADDRESS	108 46TH ST. N.W.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34209	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, JAMES R	6.2 NAME	
STREET ADDRESS	2617 ASHTON RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: AS REQUIRED REQUIRED Thompson 3/22/99 (941) 922-8993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)