2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 8:00 am
Secretary of State
02-04-2008 90038 016 ****61.25

DOCUMENT # 701156

1. Entity Name

SUWANNEE COUNTRY CLUB, INC.

Principal Place of Business	Mailing Address
SUWANNEE COUNTY 7932 US 90 LIVE OAK FL 32060	SUWANNEE COUNTY 7932 US 90 LIVE OAK FL 32060

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7932 US 90 E	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Live Oak FL	City & State:
Zip: 32060 Country: Suwannee	Zip: Country:

4. FEI Number: NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

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
JONES, JIMMY 13033 97TH RD. LIVE OAK FL 32060	Name: MATT SCOTT Street Address (P.O. Box Number is Not Acceptable): PO B City: LIVE OAK FL Zip Code: 32060

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: X _____ 1-23-08

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

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NEWBORN, LAVAUGHN 12050 77TH PLACE LIVE OAK FL 32060	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DOWNING, CLINT 1812 EVERGREEN AVE. LIVE OAK FL 32060	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JONES, JIMMY 13033 97TH RD LIVE OAK FL 32060	☒ Delete	P. MATT SCOTT PO BOX B 8860 185th Rd Live Oak FL. 32064	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FIFE, BILL 813 DARROW ST. LIVE OAK FL 32060	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLMES, MYRON 14942 CR 250 LIVE OAK FL 32060	☒ Delete	D CURTIS CAREY 13357 CR 136 Live Oak. FL. 32060	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SMITH, RON D 11245 93RD RD. LIVE OAK FL 32060	☒ Delete	D. MARJORIE CARMICHEAL 16564 104th St. Live Oak FL. 32060	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: X _____ 1-23-08