

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 15, 2009
Secretary of State

DOCUMENT# 701156

Entity Name: SUWANNEE COUNTRY CLUB, INC.**Current Principal Place of Business:**SUWANNEE COUNTY 7932 US 90
LIVE OAK, FL 32060**New Principal Place of Business:****Current Mailing Address:**SUWANNEE COUNTY 7932 US 90
LIVE OAK, FL 32060**New Mailing Address:****FEI Number:** 59-0833699**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SCOTT, MATT
13033 97TH RD.
LIVE OAK, FL 32060 US**Name and Address of New Registered Agent:**SCOTT, MATT
8860 135TH ROAD
LIVE OAK, FL 32060 US

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.

SIGNATURE: _____

12/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: NEWBORN, LAVAGUHN
Address: 12050 77TH PLACE
City-St-Zip: LIVE OAK, FL 32060

Title: T () Delete
Name: DOWNING, CLINT
Address: 1812 EVERGREEN AVE.
City-St-Zip: LIVE OAK, FL 32060

Title: P () Delete
Name: SCOTT, MATT
Address: 8860 135TH RD
City-St-Zip: LIVE OAK, FL 32064

Title: D () Delete
Name: FIFE, BILL
Address: 813 DARROW ST.
City-St-Zip: LIVE OAK, FL 32060

Title: D () Delete
Name: CAREY, CURTIS
Address: 13357 CR 136
City-St-Zip: LIVE OAK, FL 32060

Title: D () Delete
Name: CARMICHAEL, MARJORIE
Address: 16564 104TH ST
City-St-Zip: LIVE OAK, FL 32060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: ROBERSON, SAM
Address: 12977 52ND. STR.
City-St-Zip: LIVE OAK, FL 32060

Title: T (X) Change () Addition
Name: CARTER, WID
Address: 6375 CR 136-A
City-St-Zip: LIVE OAK, FL 32064

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: HACKNEY, JEFF
Address: 14587 96TH PLACE
City-St-Zip: LIVE OAK, FL 32060

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW SCOTT

P

12/15/2009

Electronic Signature of Signing Officer or Director

Date