


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90165 021 \*\*\*\*61.25

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>DOCUMENT # 745163</b><br>1. Entity Name<br><b>SUWANNEE RIVER SPRINGS ASSOCIATION, INC.</b>   |  |  |  |                |  |
| Principal Place of Business<br><b>100 STEPHENS FOSTER BLVD<br/>P.O. BOX 790<br/>FANNING SPRINGS FL 32680<br/>US</b>   |  |  | Mailing Address<br><b>9505 SPRING RUN RD<br/>FANNING SPRINGS FL 32693<br/>US</b> |   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  |   |  |
| City & State  |  | City & State   |  | 4. FEI Number<br><b>NO-T APPLICABLE</b>   |  |
| Zip   |  | Country  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent   |  |  |  | 7. Name and Address of New Registered Agent   |  |
| <b>MARTIN, BETTY L<br/>6929 MINNESTA STREET<br/>OLD TOWN FL 32680</b>   |  |  |  | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |  |  |   |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make Check Payable to Florida Department of State</b>  |  |  |  |   |  |
| 10. OFFICERS AND DIRECTORS  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                            |   |  |
| TITLE   | PC<br>MARTIN, BETTY L. <input type="checkbox"/> Delete |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  | MINNOSTA ST.   |  | NAME   |   |  |
| STREET ADDRESS  | FANNING SPRINGS FL                                     |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   |  |  | CITY-ST-ZIP  |   |  |
| TITLE   | VP <input type="checkbox"/> Delete                     |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  | HODGES, JACK   |  | NAME   |   |  |
| STREET ADDRESS  | 1512 CANAL ST  |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | TRENTON FL 32693                                       |  | CITY-ST-ZIP  |   |  |
| TITLE   | D <input type="checkbox"/> Delete                      |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  | STREGH, RAY  |  | NAME   |   |  |
| STREET ADDRESS  | 1512 CANAL ST.   |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | TRENTON FL 32693                                       |  | CITY-ST-ZIP  |   |  |
| TITLE   | T <input type="checkbox"/> Delete                      |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  | MARTIN, PAUL   |  | NAME   |   |  |
| STREET ADDRESS  | 9619 MINNESOTA ST                                      |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | OLD TOWN FL 32680                                      |  | CITY-ST-ZIP  |   |  |
| TITLE   | D <input type="checkbox"/> Delete                      |  | TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                    |  |
| NAME  | LANES, DIANE   |  | NAME   | <i>name misspelled</i>  |  |
| STREET ADDRESS  | 1512 CANAL ST  |  | STREET ADDRESS   | <i>Duane Lane</i>   |  |
| CITY-ST-ZIP   | TRENTON FL 32693                                       |  | CITY-ST-ZIP  |   |  |
| TITLE   | D <input type="checkbox"/> Delete                      |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME  | WEBER, RICHARD   |  | NAME   |   |  |
| STREET ADDRESS  | FLORIDA ST.  |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | TRENTON FL 32693                                       |  | 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. |  |  |  |   |  |
| <b>SIGNATURE: <i>Betty L. Martin</i> BETTY L. MARTIN</b>  |  |  | <b>3/4/2005 352-463-1260</b>   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |  | Date Daytime Phone #   |   |  |