

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90031 031 ****61.25

DOCUMENT # 745163

1. Entity Name
SUWANNEE RIVER SPRINGS ASSOCIATION, INC.



Principal Place of Business
**9505 SPRINGRUN RD
FANNING SPRINGS, FL 32693 US**

Mailing Address
**9505 SPRINGRUN RD
FANNING SPRINGS, FL 32693 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04072008 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT 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

**MARTIN, BETTY L
9629 MINNESTA STREET
FANNING SPRINGS, FL 32680**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing 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

TITLE **PD** ☒ Delete
NAME **MACWSON, TODD**
STREET ADDRESS **9549 INDIANA ST**
CITY-ST-ZIP **FANNING SPRINGS, FL 32693**

TITLE **VD** ☐ Delete
NAME **KIRKLAND, DEBORAH**
STREET ADDRESS **371 BLUE HERON DR**
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE **D** ☐ Delete
NAME **SHEAROUSE, BENNIE**
STREET ADDRESS **3214 N.W. 43RD ST.**
CITY-ST-ZIP **GAINESVILLE, FL 32606**

TITLE **TD** ☐ Delete
NAME **WILDER, RICHARD**
STREET ADDRESS **9739 FLORIDA ST**
CITY-ST-ZIP **FANNING SPRINGS, FL 32693**

TITLE **D** ☐ Delete
NAME **BARATTINI, RICHARD**
STREET ADDRESS **P.O. BOX 650039**
CITY-ST-ZIP **VERO BEACH, FL 32965**

TITLE **SD** ☐ Delete
NAME **MCCOLLUM, LINDA**
STREET ADDRESS **P.O. BOX 414**
CITY-ST-ZIP **MC INTOSH, FL 32664**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition
NAME **BARRETT, AL**
STREET ADDRESS **9629 INDIANA ST**
CITY-ST-ZIP **FANNING SPRINGS, FL 32693**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: RICHARD C. WILDER TD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-708 352403-7209

Date

Daytime Phone #