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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

95 FEB -6 PM 12:18

DOCUMENT # **763876** (0)

1. Corporation Name

SUWANNEE RIVER SHRINE CLUB ASSOCIATION, INC.

Principal Place of Business	Mailing Address
OFF SR 26, FANNING SPRINGS P O BOX 1257 TRENTON FL 32693	OFF SR 26, FANNING SPRINGS P O BOX 1257 TRENTON FL 32693

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 06/23/1982
3a. Date of Last Report: 03/11/1994
4. FEI Number: 59-6153121 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SESSIONS, LAVAUGHN A. ~~RT 1 BOX 1400~~ P.O. Box 876 TRENTON FL 32693	01 Name: Sessions, Lavaughn A. 02 Street Address (P.O. Box Number is Not Acceptable): 324 SW 5th Ave. P.O. Box 876 03 04 City: Trenton **FL** 05 Zip Code: 32693

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Lavaughn A. Sessions — January 28, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP FERGUSON, SAMUEL L. RT. 1 BOX 110-4 BELL FL 32619	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition DP BLACKBURN, CLAUDE H. P.O. Box 1042 N/A Bronson, Fl 32621
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP BLACKMAN, CLAUDE H. P.O. BOX 1042 N/A BRONSON FL 32621	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition DVP Rodgers, Roy D. P.O. Box 581 N/A Trenton, Fl 32693
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP MEACHAM, ROY D. P.O. BOX L085 N/A OLD TOWN FL 32680	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition DVP Kelly, Guy O. P.O. Box 424 N/A Horseshoe Beach, Fl 32648
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SESSIONS, LAVAUGHN A. P.O. BOX 876 N/A TRENTON FL 32693	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition no change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SMITH, CURTIS T. P.O. BOX 971 N/A OLD TOWN FL 32680	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition no change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 addition.

SIGNATURE: Lavaughn A. Sessions — 2-26-95 — 904-463-7387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000033D