

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
06/23/1982

3a. Date of Last Report
02/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SESSIONS, LAVAUGHN A.
324 SW 5TH AVE. P.O. BOX 876
TRENTON FL 32693

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Lavaughn A. Sessions Treasurer

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 **DP** ☐ DELETE
NAME **BLACKBURN, CLAUDE H.**
STREET ADDRESS **P.O. BOX 1042 N/A**
CITY-ST-ZIP **BRONSON FL**

1.1 TITLE **DP** ☒ Change ☐ Addition
1.2 NAME **Kelley, Guy O.**
1.3 STREET ADDRESS **Rt. 2 Box 514**
1.4 CITY-ST-ZIP **Old Town, FL 32680**

TITLE **DVP** ☐ DELETE
NAME **RODGERS, ROY J.**
STREET ADDRESS **P.O. BOX 581 N/A**
CITY-ST-ZIP **TRENTON FL**

2.1 TITLE **DVP** ☒ Change ☐ Addition
2.2 NAME **McGeheon, Joe**
2.3 STREET ADDRESS **P.O. Box 1706**
2.4 CITY-ST-ZIP **Trenton, FL 32693**

TITLE **DVP** ☐ DELETE
NAME **KELLY, GUY O.**
STREET ADDRESS **P.O. BOX 424 N/A**
CITY-ST-ZIP **HORSESHOE BEACH FL**

3.1 TITLE **DVP** ☒ Change ☐ Addition
3.2 NAME **Franklin, William J.**
3.3 STREET ADDRESS **Rt. 1 Box 3078**
3.4 CITY-ST-ZIP **Bronson, FL 32691**

TITLE **TD** ☐ DELETE
NAME **SESSIONS, LAVAUGHN A.**
STREET ADDRESS **P.O. BOX 876 N/A**
CITY-ST-ZIP **TRENTON FL 32693**

4.1 TITLE **TD** ☐ Change ☐ Addition
4.2 NAME **Sessions, Lavaughn A.**
4.3 STREET ADDRESS **P.O. Box 876**
4.4 CITY-ST-ZIP **Trenton, FL 32693**

TITLE **DS** ☐ DELETE
NAME **SMITH, CURTIS T.**
STREET ADDRESS **P.O. BOX 971 N/A**
CITY-ST-ZIP **OLD TOWN FL 32680**

5.1 TITLE **DS** ☐ Change ☐ Addition
5.2 NAME **Smith, Curtis T.**
5.3 STREET ADDRESS **P.O. Box 971**
5.4 CITY-ST-ZIP **Old Town, FL 32680**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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 address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)