


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				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 OFF SR 26, FANNING SPRINGS P O BOX 1257 TRENTON FL 32693			Mailing Address OFF SR 26, FANNING SPRINGS P O BOX 1257 TRENTON FL 32693																																																																																																																																																		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/23/1982 3a. Date of Last Report 02/09/1996 4. FEI Number 59-6153121 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																																	
9. Name and Address of Current Registered Agent SESSIONS, LAVAUGHN A. 324 SW 5TH AVE. P.O. BOX 876 TRENTON FL 32693			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 <i>Lavaughn A. Sessions</i> <i>Treasurer</i> 1-8-97 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE																																																																																																																																																					
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>DP</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>KELLEY, GUY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>RT 2 BOX 514 NA</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OLD TOWN FL 32680</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DVP</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>MCGEEHAN, JOE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. 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14. I do 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 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: <i>Lavaughn A. Sessions</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																																																					

CR2E037 (9/96)