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Apr 10 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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**

3. Date Incorporated or Qualified

06/23/1982

4. FEI Number

59-6153121

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

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 **WALLACE W. WILHELM**
82 Street Address (P.O. Box Number is Not Acceptable)
1350 SW 50th AVE
83 **P.O. Box 549**
84 City **BELL** FL 85 Zip Code **32619**

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 **WALLACE W. WILHELM**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-3-98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☒ DELETE
NAME **MOGEEHAN JOE**
STREET ADDRESS **PO BOX 1700**
CITY-ST-ZIP **TRENTON FL**

TITLE **DVP** ☐ DELETE
NAME **CHURCHWELL GEORGE S.**
STREET ADDRESS **PO BOX 1268 N/A**
CITY-ST-ZIP **CHIEFLND FL**

TITLE **DVP** ☐ DELETE
NAME **LONG JOHN**
STREET ADDRESS **PO BOX 57 N/A**
CITY-ST-ZIP **CROSS CITY FL**

TITLE **TD** ☐ DELETE
NAME **WILHEM WAYNE WALLACE**
STREET ADDRESS **PO BOX 549 N/A**
CITY-ST-ZIP **BELL FL**

TITLE **DS** ☐ DELETE
NAME **CHESTER C. PERRY**
STREET ADDRESS **17650 NW 71 AVE**
CITY-ST-ZIP **TRENTON FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **DP** ☒ Change ☐ Addition
1.2 NAME **SESSIONS, LAVAUGHN A.**
1.3 STREET ADDRESS **324 SW 5th AVE. P.O. Box 876**
1.4 CITY-ST-ZIP **TRENTON FL 32693**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

14. 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 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: **WALLACE W. WILHELM**

4-3-98 352 463 1733

CR2E037 (10/97)