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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763876

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

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

9. Name and Address of Current Registered Agent

WILHELM, WALLACE W.
1350 SW 50TH AVE
P. O. BOX 549
BELL FL 32619

10. Name and Address of New Registered Agent

81 Name

CLAUDE G. MASTERS

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

83 **HC 4 BOX 827**

84 City

CROSS CITY

FL

85 Zip Code
32680

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

Claude G. Masters

CLAUDE G. MASTERS

1/3/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	SESSIONS, LAVAUGHN A.	
STREET ADDRESS	324 SW 5TH AVE	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	CHURCHWELL GEORGE S.	
STREET ADDRESS	PO BOX 1266 N/A	
CITY-ST-ZIP	CHIEFLND FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	LONG JOHN	
STREET ADDRESS	PO BOX 57 N/A	
CITY-ST-ZIP	CROSS CITY FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WILHEM WAYNE WALLACE	
STREET ADDRESS	PO BOX 549 N/A	
CITY-ST-ZIP	BELL FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	CHESTER C. PERRY	
STREET ADDRESS	17650 NW 71 AVE	
CITY-ST-ZIP	TRENTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROY J. RODGERS	
1.3 STREET ADDRESS	P.O. BOX 581 N/A	
1.4 CITY-ST-ZIP	TRENTON, FL. 32693	
2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PRIESTON J. JONES	
2.3 STREET ADDRESS	P.O. BOX 183	
2.4 CITY-ST-ZIP	TRENTON, FL. 32693	
3.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WALLACE W. WILHELM	
3.3 STREET ADDRESS	P.O. BOX 549 N/A	
3.4 CITY-ST-ZIP	BELL, FL. 32619	
4.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CLAUDE G. MASTERS	
4.3 STREET ADDRESS	HC 4 BOX 827	
4.4 CITY-ST-ZIP	CROSS CITY, FL. 32680	
5.1 TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CHESTER C. PERRY	
5.3 STREET ADDRESS	17650 NW 71 AVE.	
5.4 CITY-ST-ZIP	TRENTON, FL. 32693	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *Lavaughn A. Sessions* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99

463-7387

Date

Daytime Phone #

CR2E037 (1/98)