



2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 763876		
1. Entity Name SUWANNEE RIVER SHRINE CLUB ASSOCIATION, INC.		

Principal Place of Business OFF SR 26, FANNING SPRINGS P O BOX 216 OLD TOWN, FL 32680	Mailing Address OFF SR 26, FANNING SPRINGS P O BOX 216 OLD TOWN, FL 32680
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
04 NOV 15 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
500042752704
11/15/04--01061--024 **236.25



11022004 REIN-NP CR2E099 (6/04)

4. FEI Number 59-6153121		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WHIPPLE, LEONARD B 4337 NW 156 ST. TRENTON, FL 32693		Name <u>HEATH, BOBBY R.</u> Street Address (P.O. Box Number is Not Acceptable) <u>259 N.W. 543 AVE</u> City <u>OLD TOWN</u> FL Zip Code <u>32680</u>	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Bobby R. Heath 11-10-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2005, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DOWNS, SHELLIE C PO BOX 331 GULF HAMMOCK, FL 32639	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. ELLIS, RILEY J 836 N.E. 817 ST. OLD TOWN FL 32680	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LYLE, EARNEST L 10050 NW 103 LN CHIEFLAND, FL 32626	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MITCHELL, GLENN 9490 N.W. 15 AVE CHIEFLAND FL 32626	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ELLIS, RILEY J HC2 BOX 485 OLD TOWN, FL 32680	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALLEN, A.F. 7151 NW 156 ST. CHIEFLAND FL 32626	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHIPPLE, LEONARD B 4331 NW 156 ST. TRENTON, FL 32693	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. LANDRUM, LLOYD 190 N.E. 165 AVE CROSS CITY FL 32628	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HEATH, BOBBY P.O. BOX 464 OLD TOWN, FL 32680	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRG. HEATH, BOBBY R. 259 NE 543 AVE OLD TOWN FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bobby R. Heath 11-10-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #