

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT


FILED

06 DEC 26 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10312067 REINSTATEMENT GR2E099 (11/05)
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 | |
| 2. Principal Place of Business 7821 SW ST RD 26 Suite, Apt. #, etc. | | 3. Mailing Address SUWANNEE RIVER SHRINE CLUB P O BOX 216 City & State OLD TOWN FLORIDA Zip 32680 Country DIXIE | |
| City & State TRENTON FLORIDA Zip 32693 Country GILBERT | | 4. FEI Number 59-6153121 Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent HEATH, BOBBY R 259 NW 543 AVE OLD TOWN, FL 32680 P.O. BOX 464 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 <u>BOBBY HEATH</u> <u>Bobby R Heath</u> <u>12-23-06</u> 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, 2007, 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 | P ELLIS, RILEY J 836 NE 817 ST OLD TOWN, FL 32680 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P 12400 LANDRUM PO BOX 464 OLD TOWN FL 32680 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MITCHELL, GLEN D 9490 NW 15 AVE CHIEFLAND, FL 32626 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BOBBY HEATH PO BOX 464 OLD TOWN FL 32680 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V ALLEN, A F 7151 NW 156 ST CHIEFLAND, FL 32626 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V ERNEST NORMAN 8211 NW 124 PL. FANNING SPRINGS FL 32693 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LANDRUM, LLOYD 190 NE 165 AVE CROSS CITY, FL 32628 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S GENE MASTERS 615 NE 709 AVE OLD TOWN FL 32680 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HEATH, BOBBY 259 NE 543 AVE OLD TOWN, FL 32680 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Bobby Heath</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | 12-23-06 352 542 9284 Date Daytime Phone # | |

B. Mitchell

DEC 26 2006