

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90050 048 ****61.25

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1. Entity Name

SUWANNEE RIVER SHRINE CLUB ASSOCIATION, INC.



Principal Place of Business

7821 SW ST RD 26
TRENTON FL 32693

Mailing Address

POST OFFICE BOX 216
OLD TOWN FL 32680

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number
59-6153121

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEATH, BOBBY R
259 NW 543 AVE
OLD TOWN FL 32680

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 BOBBY R HEATH

Bobby R Heath

2-15-08

Signature, typed or printed name, of registered agent and the filer (if filer is not the registered agent)

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME LANDRUM, LLYOD
STREET ADDRESS POST OFFICE BOX 464
CITY-ST-ZIP OLD TOWN FL 32680

TITLE V ☒ Delete
NAME HEATH, BOBBY
STREET ADDRESS POST OFFICE BOX 464
CITY-ST-ZIP OLD TOWN FL 32680

TITLE V ☒ Delete
NAME NORMAN, ERNEST
STREET ADDRESS 8211 NW 174 PLACE
CITY-ST-ZIP FANNING SPRINGS FL 32693

TITLE S ☒ Delete
NAME MASTERS, GENE
STREET ADDRESS 615 NE 709 AVE
CITY-ST-ZIP OLD TOWN FL 32680

TITLE T ☒ Delete
NAME HEATH, BOBBY
STREET ADDRESS 259 NE 543 AVE
CITY-ST-ZIP OLD TOWN FL 32680

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Change ☐ Addition
NAME BOBBY R. HEATH
STREET ADDRESS POST OFFICE BOX 464
CITY-ST-ZIP OLD TOWN FL 32680

TITLE V ☐ Change ☐ Addition
NAME THOMAS PARTIN SR
STREET ADDRESS POST OFFICE BOX 896
CITY-ST-ZIP TRENTON FL 32693

TITLE V ☐ Change ☐ Addition
NAME HARVEY SLAYTON
STREET ADDRESS POST OFFICE BOX 936
CITY-ST-ZIP TRENTON FL 32693

TITLE S ☐ Change ☐ Addition
NAME BILL BUCHOLTZ
STREET ADDRESS 115 NE 209 AVE
CITY-ST-ZIP OLD TOWN FL 32680

TITLE T ☐ Change ☐ Addition
NAME WALTER ROBE
STREET ADDRESS 4729 SW 56 ST
CITY-ST-ZIP TRENTON FL 32693

TITLE ☐ Change ☐ Addition
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 Section 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: BOBBY R. HEATH

2-15-08 3525429284