

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763876

FILED
Mar 11, 2009
Secretary of State

Entity Name: SUWANNEE RIVER SHRINE CLUB ASSOCIATION, INC.

Current Principal Place of Business:

7821 SW ST RD 26
TRENTON, FL 32693

New Principal Place of Business:

7821 SW ST RD 26
FANNING SPRINGS, FL 32693

Current Mailing Address:

POST OFFICE BOX 216
OLD TOWN, FL 32680

New Mailing Address:

FEI Number: 59-6153121

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HEATH, BOBBY R
Address: POST OFFICE BOX 464
City-St-Zip: OLD TOWN, FL 32680

Title: V () Delete
Name: PARTIN, THOMAS SR
Address: POST OFFICE BOX 896
City-St-Zip: TRENTON, FL 32693

Title: V () Delete
Name: SLAYTON, HARVEY
Address: POST OFFICE BOX 936
City-St-Zip: TRENTON, FL 32693

Title: S () Delete
Name: BOCHOLTZ, BILL
Address: 115 NE 209 AVE
City-St-Zip: OLD TOWN, FL 32680

Title: T () Delete
Name: WALTER, RODGE
Address: 4729 SW 56 ST
City-St-Zip: TRENTON, FL 32693

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PARTIN, TOM E
Address: 5534 SW CR 334
City-St-Zip: TRENTON, FL 32693

Title: V (X) Change () Addition
Name: SLAYTON, HARVEY SR
Address: P.O. BOX 936
City-St-Zip: TRENTON, FL 32693

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: HEATH, BOBBY
Address: P.O. BOX 464
City-St-Zip: OLD TOWN, FL 32680

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM PARTIN

P

03/11/2009

Electronic Signature of Signing Officer or Director

Date