

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 766633 (2)  
1. Corporation Name  
SUWANNEE COUNTY SENIOR CITIZEN'S CLUB, INC.

Principal Place of Business Mailing Address  
RTE. 3 BOX 126 RTE. 3 BOX 126  
LIVE OAK FL 32060 LIVE OAK FL 32060



2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 25 Country 29 Country 30 Country

3. Date Incorporated or Qualified 01/21/1983 3a. Date of Last Report 04/14/1995  
4. FEI Number 59-0335195 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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

AIRTH, HAL A.  
112 W. HOWARD STR  
LIVE OAK FL 32060

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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

Signature, by registered agent, of the corporation, if applicable

(NOTE: Registered Agent Signature required when no change)

4-8-96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
VD	PHILLIPS, PROCTOR	RT. 1 BOX 94	LIVE OAK FL	<input checked="" type="checkbox"/>
SD	JAMES, ELSIE	RT 2 BOX 71	LIVE OAK, FL 00000	<input checked="" type="checkbox"/>
PD	KEY, DOLORES	RT. 3 BOX 126	LIVE OAK FL	<input type="checkbox"/>
TD	SPERRING, JULIA	RT. 10 BOX 210	LIVE OAK FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
VD	AVERY, AUSTIN	7110 WIGGINS RD	LIVE OAK, FL. 32060	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SD	RHODES, ROSE	RT. 3 BOX 837	LIVE OAK, FL. 32060	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1054 - 81 ST RD.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		10438 US 129		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director  
Dolores Key - DOLORES KEY, President 4-2-96 362-4159

CR2E037 (12/95)