FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation Name	3 (2)				
SUWANNEE COUNTY SENIOR C	ITIZEN'S CHUB, INC.				
	THE TO SECON MO				
Principal Place of Business	Mailing Address	- 51 2 /	. I IOANII TORIO RILITO DIIIO RIINDE INVOITI	iin Alais olais Alais esasi asak Afak 1821	
RTE 3 80% 126 /0054 81 \$1 Rd. BIE 3 BOX 128 /0054 LIVE OAK FL 32060 LIVE OAK FL 32060		81 - Na.	3. Date Incorporated or Qualified 01/21/1983		
			4. FEI Number	Applied For	
			<u>59-0335195</u>	Not Applicable	
2. Principal Place of Business 57 Rd.	2a. Mailing Address 28 /0054 - 8	15TRd	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
City & State City & State			7. Is this nonprofit corporation a homeowners association? Yes No		
Zip Country 24 25	Zip C	Country	This corporation owes or has pake Personal Property Tax due June 3		
9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Reg	Istered Agent	
		81 Name	LORES KEV		
AIRTH, HAL A.	82 Street Addre	dress (P.O. Box Number is Not Acceptable)			
112 W. HOWARD STR		12054 817 P.V.			
LIVE OAK FL 32060		83	•		
		84 City Care	-Oat	FL 65 ZID COME	
Pursuant to the provisions of Sections 617.05 office or registered agent, or both, in the Statiagent. I am familiar with, and accept the obligation.	02 and 617.1508, Florida Statutes, the e of Florida. Such change was authori- gations of, Section 617.0503, Florida S	above-named corporation above-	pration submits this statement for the punishment of the punishment of directors. I hereby accept	rpose of changing its registered the appointment as registered	
Signature, typed or printed name of registered at	teni and illie il applicable (NOTE: Daniel	tered Agent signature requires	d when reinstation)	DATE	
12. OFFICERS AND DIRECTORS 13.			ADDITIONS/CHANGES TO OFFICE		

ago r a	The second state and a second state of the sec					
SIGNATURE .	Signature, typed or printed name of registered agent and title Mapplicable.	41075			7.	
12.	OFFICERS AND DIRECTORS	(NOIE: H	Registered Agent algorithms required when reinstating) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
NAME	AVERY, AUSTIN	JOECCIE	1.2 NAME			
	7110 WIGGINS RD					
STREET ADDRESS			1.3 STREET ADDRESS			
CITY-ST-ZIP	LIVE OAK FL	DELETE	1.4 City-St-ZiP		Change	Addition
TITLE		DELETE	2.1 TITLE		Change	LI ADDRION
NAME	RHODES, ROSE		2.2 NAME	····		
STREET ADDRESS	RT 3 BOX 837		2.3 STREET ADDRESS	•		
CITY-ST-ZIP	LIVE OAK FL		2.4 CITY-ST-ZIP			
TITLE	· -	DELETE	3.1 TITLE		☐ Change	Addition
NAME	KEY, DOLORES		3.2 NAME			
STREET ADDRESS	10054 81 RD		3.3 STREET ADDRESS			
CITY-ST-ZIP	LIVE OAK FL		3.4. CITY-ST-ZIP			
TITLE	1D	DELETE	4.1 TITLE		Change	Addition
NAME	Sperring, Julia		4. 2 NAME			
STREET ADDRESS	10438 US 129		4.3 STREET ADDRESS			
CITY-ST-ZIP	LIVE OAK FL		4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change	☐ Addition
NAME	•		6.2 NAME			
STREET ADORESS			6.3 STREET ADDRESS			
CITY CT 710			SACITY ST 74D			

14. 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 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 changes for span attachment with an address.

SIGNATURE:

4-9-98 908-362-4159

FILED

Apr 15 1998 8:00am

Secretary of State