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**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90022 041 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 766633**

1. Corporation Name

**SUWANNEE COUNTY SENIOR CITIZEN'S CLUB, INC.**

Principal Place of Business

10054 81ST RD  
LIVE OAK FL 32060  
US

Mailing Address

10054 81ST RD  
LIVE OAK FL 32060  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/21/1983

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

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 **DELORES KEY**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**10054-81 RD.**  
83  
84 City **LIVE OAK** FL 85 Zip Code **32060**

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

*DeLores Key*

1-29-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	AVERY, AUSTIN	
STREET ADDRESS	7110 WIGGINS RD	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RHODES, ROSE	
STREET ADDRESS	RT 3 BOX 837	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KEY, DOLORES	
STREET ADDRESS	10054 81 RD	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SPERRING, JULIA	
STREET ADDRESS	10438 US 129	
CITY-ST-ZIP	LIVE OAK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JIM BARCO	
1.3 STREET ADDRESS	21477 N. CR 349	
1.4 CITY-ST-ZIP	O'BRIEN, FL. 32071	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*DeLores Key* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-99 904-362-4159  
Date Daytime Phone #

CR2E037 (11/98)