

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009554

FILED  
Apr 25, 2007  
Secretary of State

**Entity Name:** SUWANNEE HIGH SCHOOL GOLF BOOSTERS, INC.

**Current Principal Place of Business:**

105 N. OHIO AVENUE  
LIVE OAK, FL 32064

**New Principal Place of Business:**

16857 COUNTY RD 49  
WELLBORN, FL 32094

**Current Mailing Address:**

105 N. OHIO AVENUE  
LIVE OAK, FL 32064

**New Mailing Address:**

16857 COUNTY RD. 49  
WELLBORN, FL 32094

**FEI Number:** 11-3790522

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PREVATT, JAMES W JR.  
105 NORTH OHIO AVENUE  
LIVE OAK, FL 32064 US

**Name and Address of New Registered Agent:**

LANCE, SUSAN M  
16857 COUNTY RD 49  
WELLBORN, FL 32094 US

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: SUSAN M. LANCE

04/25/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HILLHOUSE, EDDY  
Address: 105 N. OHIO AVENUE  
City-St-Zip: LIVE OAK, FL 32064

Title: D ( ) Delete  
Name: FULLBRIGHT, JOYCE  
Address: 105 N. OHIO AVENUE  
City-St-Zip: LIVE OAK, FL 32064

Title: D ( ) Delete  
Name: LANCE, SUSAN  
Address: 105 N. OHIO AVENUE  
City-St-Zip: LIVE OAK, FL 32064

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: HILLHOUSE, EDWARD D  
Address: 7868 31ST RD  
City-St-Zip: WELLBORN, FL 32094

Title: D (X) Change ( ) Addition  
Name: FULLBRIGHT, JOYCE  
Address: 7182 52ND STREET  
City-St-Zip: LIVE OAK, FL 32060

Title: D (X) Change ( ) Addition  
Name: LANCE, SUSAN  
Address: 16857 COUNTY RD 49  
City-St-Zip: WELLBORN, FL 32094

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: SUSAN M. LANCE

TREA

04/25/2007

Electronic Signature of Signing Officer or Director

Date