

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009554

FILED
Apr 30, 2008
Secretary of State

Entity Name: SUWANNEE HIGH SCHOOL GOLF BOOSTERS, INC.

Current Principal Place of Business:

16857 COUNTY RD 49
WELLBORN, FL 32094

New Principal Place of Business:

Current Mailing Address:

16857 COUNTY RD. 49
WELLBORN, FL 32094

New Mailing Address:

FEI Number: 11-3790522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANCE, SUSAN M
16857 COUNTY RD 49
WELLBORN, FL 32094 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: D () Delete
Name: HILLHOUSE, EDWARD D
Address: 7868 31ST RD
City-St-Zip: WELLBORN, FL 32094

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

04/30/2008

Electronic Signature of Signing Officer or Director

Date