2008 NOT-FOR-PROFIT CORPORÁTION ANNUAL REPORT

Terry

OF PRINTED NAME OF BRIDGING OFFICER OR DIRECTOR

SIGNATURE:

Aug 11, 2008 8:00 am Secretary of State **DOCUMENT # N07000000794** 07-15-2008 90061 010 ****61.25 SUWANNEE RIVER VALLEY OF NORTH FLORIDA PAGEANTS, INC. Principal Place of Business Mailing Address 22019 29TH ROAD 22019 29TH ROAD 66015880 LAKE CITY, FL 32024 LAKE CITY, FL 32024 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07102008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For એ0 -85*0*076. Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TERRY, PEGGY Street Address (P.O. Box Number is Not Acceptable) 22019 29TH ROAD LAKE CITY, FL 32024 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or presed name of registered agent and title if approache (NOTE: Pagatared Agent signature required when ministring) CATE Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee Is \$61.25 Florida Department of State Trust Fund Contribution. Due by September 12, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete HTLE ☐ Change ☐ Addition TITLE SAUNDERS, KEN NAME NAME PO BOX 574 STREET ADDRESS STREET ADDRESS 011Y-\$T-7JP BRANDFORD, FL 32008 CITY-ST-ZP Delete Addition MIF DALE Chance TERRY, LADON NALE PO BOX 1058 STREET ADORESS STREET ADDRESS CITY-ST-ZIP BRANDFORD, FL 32008 CITY-ST-7P DST TITLE Deleta MLE ☐ Change ☐ Addition TERRY, PEGGY 22019 29TH ROAD STREET ADDRESS STREET ADDRESS (1114 - ST - 769 DITY-ST-7P LAKE CITY, FL 32024 ☐ Delete Addition IIILE TTLE NAME HAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP C11Y-57-7P TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-57-2F TITLE Addition Delete TILE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZP CITY-ST-ZP 12. Thereby certify that the information supplied with this fiting does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that it am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutos; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED