FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 30 AM 8:09

DOCUMENT # **N38637** **(7)**

1. Corporation Name
SUWANNEE VALLEY PLAYERS, INCORPORATED

Principal Place of Business	Mailing Address
POST OFFICE BOX 550 CHIEFLND FL 32626	POST OFFICE BOX 550 CHIEFLND FL 32626

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/14/1990	3a. Date of Last Report: 02/18/1994
4. FEI Number: 59-2667051	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

21 2. Principal Place of Business	26 2a. Mailing Address
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

VIKER, ERIK
ROUTE 1, BOX 4737
WILLISTON FL 32696

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P	☒ Change ☐ Addition
NAME	PERRY, DAVIDSON	1.2 NAME	DREYFUSS, SCOTT	
STREET ADDRESS	RT 1 BOX 718	1.3 STREET ADDRESS	610 TOLEDO AVE.	
CITY-ST-ZIP	OLD TOWN FL	1.4 CITY-ST-ZIP	ARCHER, FL 32618	
TITLE	DP	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	ERIK, VICKER	2.2 NAME	KELLY, MARY	
STREET ADDRESS	RT 1 BOX 4737	2.3 STREET ADDRESS	139 OAK AVE.	
CITY-ST-ZIP	WILLISTON FL	2.4 CITY-ST-ZIP	BRONSON, FL 32621	
TITLE	D	3.1 TITLE	T	☐ Change ☒ Addition
NAME	SHULTZ, CAROL	3.2 NAME	HUBERT, LOUISE	
STREET ADDRESS	HWY 345	3.3 STREET ADDRESS	3491 NW 60 AVE.	
CITY-ST-ZIP	CHIEFLND FL	3.4 CITY-ST-ZIP	CHIEFLAND, FL 32626	
TITLE	TD	4.1 TITLE	S	☐ Change ☒ Addition
NAME	BEAUCHAMP, TERRY	4.2 NAME	PHILLIPS, ELIZABETH	
STREET ADDRESS	2ND AVE BOX 679	4.3 STREET ADDRESS	6890 NE 92 CT.	
CITY-ST-ZIP	CHIEFLND FL	4.4 CITY-ST-ZIP	BRONSON, FL 32621	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	COSTON, NATHAN	5.2 NAME	VIKER, ERIK	
STREET ADDRESS	PARK AVE	5.3 STREET ADDRESS	RT 1 BOX 4737	
CITY-ST-ZIP	CHIEFLND FL	5.4 CITY-ST-ZIP	WILLISTON, FL 32696	
TITLE	DV	6.1 TITLE	D	☐ Change ☒ Addition
NAME	DREYFUSS, SCOTT	6.2 NAME	EDMONDSON, FRANK	
STREET ADDRESS	610 TOLEDO AVE	6.3 STREET ADDRESS	659 BOUNDARY ST.	
CITY-ST-ZIP	ARCHER FL	6.4 CITY-ST-ZIP	BRONSON, FL 32621	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Scott E. Dreyfuss 4/25/95 (904)486-1669
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000028