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May 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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

1. Corporation Name

SUWANNEE VALLEY PLAYERS, INCORPORATED

Principal Place of Business	Mailing Address
POST OFFICE BOX 550 CHIEFLND FL 32644 US	POST OFFICE BOX 550 CHIEFLND FL 32644-0550 US

3. Date Incorporated or Qualified: 06/14/1990
3a. Date of Last Report: 06/12/1996

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

4. FEI Number: 59-2667051 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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: Linda A. Hagan
82 Street Address (P.O. Box Numbers Not Acceptable): 5920 SW County Road 313
83
84 City: Trenton FL 85 Zip Code: 32693-6004

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: Linda A. Hagan, Treasurer — Linda A. Hagan — 3-6-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~P~~	☐ DELETE	1.1 TITLE	VP	☒ Change ☐ Addition
NAME	DREYFUSS, SCOTT		1.2 NAME		
STREET ADDRESS	610 TOLEDO AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ARCHER FL		1.4 CITY-ST-ZIP		
TITLE	~~VP~~	☐ DELETE	2.1 TITLE	P	☒ Change ☐ Addition
NAME	KELLY, MARY		2.2 NAME		
STREET ADDRESS	P.O. BOX 695		2.3 STREET ADDRESS	139 Oak Ave	
CITY-ST-ZIP	BRONSON FL		2.4 CITY-ST-ZIP	Bronson, FL 32621	
TITLE	~~T~~	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	HUBERT, LOUISE		3.2 NAME		
STREET ADDRESS	3491 NW 60 AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHIEFLND FL		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LAWSON, PENNY		4.2 NAME		
STREET ADDRESS	11150 NW 129 PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHIEFLND FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	T	☐ Change ☒ Addition
NAME	BEAUCHAMP, TERRY		5.2 NAME	Linda A. Hagan	
STREET ADDRESS	10238 NW 39 AVENUE		5.3 STREET ADDRESS	5920 SW CR 313	
CITY-ST-ZIP	GAINESVILLE FL		5.4 CITY-ST-ZIP	Trenton, FL	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	EDMUNDSON, FRANK		6.2 NAME	Elizabeth Phillips	
STREET ADDRESS	4324 SW 71 TERRACE #B		6.3 STREET ADDRESS	4100 NW 28 Ln, #36	
CITY-ST-ZIP	GAINESVILLE FL		6.4 CITY-ST-ZIP	Gainesville, FL 32606	

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Linda A. Hagan REQUIRED — 3-6-97 — 352-377-2002
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #(optional)