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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N38637**

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 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	06/14/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2667051 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HAGAN, LINDA A
5920 S.W. CONUNTY RD 313
TRENTON FL 32693

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 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 _____ 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	~~P~~	☐ DELETE	1.1 TITLE	D	☑ 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	P	☒ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	KELLY. MARY		2.2 NAME	John Frazier	
STREET ADDRESS	139 OAK AVE		2.3 STREET ADDRESS	3539 SW 47 Ct	
CITY-ST-ZIP	BRONSON FL		2. 4 CITY-ST-ZIP	Bell, FL	
TITLE	~~D~~	☐ DELETE	3.1 TITLE	S	☒ 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	T	☒ 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	~~T~~	☐ DELETE	5.1 TITLE	P	☒ Change ☐ Addition
NAME	HAGAN, LINDA A		5.2 NAME		
STREET ADDRESS	5920 S.W. CR 313		5.3 STREET ADDRESS		
CITY-ST-ZIP	TRENTON FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	PHILLIPS, ELIZABETH		6.2 NAME	Graham Johnson	
STREET ADDRESS	4100 N.W. 28 LANE, #36		6.3 STREET ADDRESS	1324 NW 16 Ave, #11	
CITY-ST-ZIP	GAINEVILLE FL		6.4 CITY-ST-ZIP	Gainesville, FL	

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #