2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 8:00 am
Secretary of State
01-28-2004 90009 033 ****61.25

DOCUMENT # N38637

1. Entity Name
SUWANNEE VALLEY PLAYERS, INCORPORATED

Principal Place of Business	Mailing Address
25 E PARK AVE CHIEFLAND, FL 32626 US	POST OFFICE BOX 550 CHIEFLAND, FL 32644 US

01162004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2667051 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BEAUCHAMP, TERRY G 4158 NW 16TH DRIVE GAINESVILLE, FL 32605-1977	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BEAUCHAMP, TERRY 4158 NW 16 DR GAINESVILLE, FL 32605	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP VERHAEREN, JENNIFER R 224 SE 1ST AVENUE TRENTON, FL 32693	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Jill Hart 1290 NW Cr 341 Bell Fl 32619 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HUBERT, LOUISE 8891 NW 120 STREET CHIEFLAND, FL 32626	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Mary Kelly PO Box 695 Bronson FL 32621 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ELLIS, ELIZABETH 1010 N. MAIN STREET BELL, FL 32619	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Louise Perras 8891 NW 120 St. Chiefland Fl 32626 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HART, JILL 1290 NW CR 341 BELL, FL 32619	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Andy Kidd 321 NW Hwy 19 Chiefland Fl 32626 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PHILLIPS, ELIZABETH 6890 NE 92ND CRT BRONSON, FL 32621	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Leo Verhaeren 224 SE 1st Avenue Trenton Fl 32693 ☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary J Kelly Treasurer 1-24-04 352-495-ARTS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #