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Jul 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N45584** (2)

1. Corporation Name

SUWANNEE WRESTLING BOOSTERS, INC.



Principal Place of Business	Mailing Address
RT 2 BOX 169B LIVE OAK FL 32060 US	NEW ADDRESS P. O. BOX 6032 LIVE OAK, FL 32064 US

3. Date Incorporated or Qualified 10/11/1991	3a. Date of Last Report 06/21/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3128741	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUNTER, CLIFFORD
1410 RUBY ST.
LIVE OAK FL 32060

81 Name CHERYL RILEY
82 Street Address (P.O. Box Number is Not Acceptable) 9414 147th RD
83
84 City LIVE OAK
85 Zip Code FL 32060

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

Cheryl Riley
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	HUNTER, CLIFFORD	1.2 NAME	CHERYL RILEY
STREET ADDRESS	1410 RUBY ST.	1.3 STREET ADDRESS	9414 147th Rd.
CITY-ST-ZIP	LIVE OAK FL 32060	1.4 CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	V	2.1 TITLE	V
NAME	CANTELLA, MICHAEL	2.2 NAME	DOUG WELLS
STREET ADDRESS	6294 SKEEN RD.	2.3 STREET ADDRESS	Route 7, Box 321
CITY-ST-ZIP	LIVE OAK FL 32060	2.4 CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	T	3.1 TITLE	
NAME	CANTELLA, BRENDA	3.2 NAME	
STREET ADDRESS	6294 SKEEN RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL 32060	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D
NAME	CORBIN, MARTHA SUE	4.2 NAME	ALBERT HORNE
STREET ADDRESS	RT 4 BOX 173-2	4.3 STREET ADDRESS	1002 BYNUM AVE.
CITY-ST-ZIP	LIVE OAK FL	4.4 CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	D	5.1 TITLE	D
NAME	RILEY, CHERYL	5.2 NAME	CLARA BROWN
STREET ADDRESS	9414 147TH RD.	5.3 STREET ADDRESS	8575 CR 136 A
CITY-ST-ZIP	LIVE OAK FL 32060	5.4 CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	D	6.1 TITLE	D
NAME	NORRIS, JOHN	6.2 NAME	SHERYL HUNTER
STREET ADDRESS	7285 119TH RD.	6.3 STREET ADDRESS	1410 RUBY ST.
CITY-ST-ZIP	LIVE OAK FL 32060	6.4 CITY-ST-ZIP	LIVE OAK, FL 32060

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.

CR2E037 (9/96)