

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000834

FILED
Feb 11, 2004
Secretary of State**Entity Name:** THE SUWANNEE VALLEY HEMEROCALLIS SOCIETY, INC.**Current Principal Place of Business:**RT. 10 BOX 841
LAKE CITY, FL 32025 US**New Principal Place of Business:**2147 SW STATE ROAD 47
LAKE CITY, FL 32025 US**Current Mailing Address:**RT. 10 BOX 841
LAKE CITY, FL 32025 US**New Mailing Address:**2147 SW STATE ROAD 47
LAKE CITY, FL 32025 US**FEI Number:** 59-3158921**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HOUSTON, OTTIS
RT. 10, BOX 841
LAKE CITY, FL 32055 US**Name and Address of New Registered Agent:**HOUSTON, OTTIS
2147 SW STATE ROAD 47
LAKE CITY, FL 32025 US

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.

SIGNATURE: _____

02/11/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: RIDAUGHT, REBA T
Address: 12309 NW 112TH AVE
City-St-Zip: ALACHUA, FL 32643

Title: SD () Delete
Name: MURRIN, CHERYL D
Address: RT 3 BOX 148
City-St-Zip: LAKE CITY, FL 32025

Title: PD () Delete
Name: SCOTT, EDDY
Address: 6800 NE 65TH ST
City-St-Zip: HIGH SPRINGS, FL 32643

Title: VD () Delete
Name: LOWDER, LOU
Address: 15251 NW HWY 129
City-St-Zip: TRENTON, FL 32693

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: RIDAUGHT, REBA T
Address: 12309 NW 112TH AVE
City-St-Zip: ALACHUA, FL 32615

Title: SD (X) Change () Addition
Name: HAMMONS, CHERYL D
Address: RT 3 BOX 148
City-St-Zip: LAKE CITY, FL 32025

Title: PD (X) Change () Addition
Name: HOUSTON, OTTIS
Address: 2147 SW STATE ROAD 47
City-St-Zip: LAKE CITY, FL 32025

Title: VD (X) Change () Addition
Name: JERRY, NETTLES
Address: RT 3 BOX 150
City-St-Zip: LAKE CITY, FL 32025

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REBA RIDAUGHT

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02/11/2004

Electronic Signature of Signing Officer or Director

Date