

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000834

FILED  
Mar 07, 2005  
Secretary of State

**Entity Name:** THE SUWANNEE VALLEY HEMEROCALLIS SOCIETY, INC.

**Current Principal Place of Business:**

2147 SW STATE ROAD 47  
LAKE CITY, FL 32025 US

**New Principal Place of Business:**

**Current Mailing Address:**

2147 SW STATE ROAD 47  
LAKE CITY, FL 32025 US

**New Mailing Address:**

**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  
2147 SW STATE ROAD 47  
LAKE CITY, FL 32025 US

**Name and Address of New Registered Agent:**

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:

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 32615

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: MIKELL, LU  
Address: P. O. BOX 1139  
City-St-Zip: CROSS CITY, FL 32628

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: KERCE, BILL  
Address: RT 3 BOX 156 A  
City-St-Zip: LAKE BUTLER, FL 32054

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

T

03/07/2005

Electronic Signature of Signing Officer or Director

Date