

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 24, 2006 8:00 am**  
**Secretary of State**

05-24-2006 90008 005 \*\*\*\*61.25

<b>DOCUMENT # N93000000834</b>					
<b>1. Entity Name</b> THE SUWANNEE VALLEY HEMEROCALLIS SOCIETY, INC.					
<b>Principal Place of Business</b> 2147 SW STATE ROAD 47 LAKE CITY, FL 32025 US			<b>Mailing Address</b> 2147 SW STATE ROAD 47 LAKE CITY, FL 32025 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3158921	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  HOUSTON, OTTIS 2147 SW STATE ROAD 47 LAKE CITY, FL 32025			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>		<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> RIDAUGHT, REBA T 12309 NW 112TH AVE ALACHUA, FL 32615		<input checked="" type="checkbox"/> Delete	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> MIKELL, LU P. O. BOX 1139 CROSS CITY, FL 32628		<input checked="" type="checkbox"/> Delete	<b>T</b> Hein, Gabriele C. 3210 S.W. 101 Terrace Gainesville, FL 32607	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> HOUSTON, OTTIS 2147 SW STATE ROAD 47 LAKE CITY, FL 32025		<input type="checkbox"/> Delete	<b>SD</b> Nora S. Michaels 108 Thicket Lane Palatka, FL 32177	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> KERCE, BILL RT 3 BOX 156 A LAKE BUTLER, FL 32054		<input type="checkbox"/> Delete	<b>11884 NW 79th Lane</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> <i>Ottis Houston</i>			4/9/06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		