

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000834

FILED  
Apr 29, 2009  
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: HEIN, GABRIELE C  
Address: 3210 SW 101 TERRACE  
City-St-Zip: GAINESVILLE, FL 32607

Title: SD ( ) Delete  
Name: MICHAELS, NORA S  
Address: 180 THICKET LANE  
City-St-Zip: PALATKA, FL 32177

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

Title: PD ( ) Delete  
Name: PERRY, GENE  
Address: 226 SW WHIPPOORWILL WAY  
City-St-Zip: LAKE CITY, FL 32024

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

Title: T (X) Change ( ) Addition  
Name: HEIN, GABRIELE C  
Address: 3210 SW 101 TERRACE  
City-St-Zip: GAINESVILLE, FL 32608 US

Title: SD (X) Change ( ) Addition  
Name: BOYD, NELLIE  
Address: 422 SE 2ND STREET  
City-St-Zip: WILLISTON, FL 32696 US

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

Title: VD (X) Change ( ) Addition  
Name: RIDAUGHT, JEROME  
Address: 12309 NW 112TH AVENUE  
City-St-Zip: ALACHUA, FL 32615 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GABRIELE C. HEIN

T

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date