

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # N94000004574

1. Entity Name

SUWANNEE OFFICIALS ASSOCIATION, INC.



**FILED
Mar 30, 2005 8:00 am
Secretary of State**

03-30-2005 90026 024 ****61.25



1st MOORE CR2E037 (10/04)

Principal Place of Business		Mailing Address	
5200 NW 43 ST 102-232 GAINESVILLE FL 32606 US		5200 NW 43 ST 102-232 GAINESVILLE FL 32606 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			
<p>CARNEY, TIMOTHY 5200 NW 43 ST SUITE 102-232 GAINESVILLE FL 32606</p>			
7. Name and Address of New Registered Agent			
<p>Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code</p>			

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.

SIGNATURE

Tim Carney

(NOTE: Registered Agent signature required when reinstating)

3-28-05

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D WILLIAMS, TONY 5200 NW 43 ST STE 102-232 GAINESVILLE FL 32606		<input checked="" type="checkbox"/> Delete	D HODGSON, CHRIS RT 4 Box 2221 Lake Butler FL 32054		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D POTTER, MARK 5218 SW 70TH TERRACE GAINESVILLE FL 32608		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
D WIGGINS, TIM RT 8 BOX 890 LAKE CITY FL 32055		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
T CARNEY, TIM 6223 NW 41 DRIVE GAINESVILLE FL 32653		<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
D CHRISTIE, HEYWARD 5200 NW 43ST. SUITE 102-232 GAINESVILLE FL 32653		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 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.

SIGNATURE:

Tim Carney

3-28-05

352-372-7025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #