

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004574

FILED
Apr 12, 2008
Secretary of State

Entity Name: SUWANNEE OFFICIALS ASSOCIATION, INC.

Current Principal Place of Business:

5200 NW 43 ST
102-232
GAINESVILLE, FL 32606 US

New Principal Place of Business:

Current Mailing Address:

5200 NW 43 ST
102-232
GAINESVILLE, FL 32606 US

New Mailing Address:

FEI Number: 59-3142157 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, MONTY
5200 NW 43 ST
SUITE 102-232
GAINESVILLE, FL 32606 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: D () Delete
Name: GADAPEE, RYAN
Address: 5200 NW 43 ST SUITE 102-232
City-St-Zip: GAINESVILLE, FL 326064484 US

Title: D () Delete
Name: SOWERS, MELINDA
Address: 5200 NW 43RD ST STE 102-232
City-St-Zip: GAINESVILLE, FL 326064484 US

Title: D () Delete
Name: WIGGINS, TIM
Address: RT 8 BOX 890
City-St-Zip: LAKE CITY, FL 32055

Title: D () Delete
Name: CHRISTIE, HEYWARD
Address: 5200 NW 43ST. SUITE 102-232
City-St-Zip: GAINESVILLE, FL 32653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: CHRISTIE, HEYWARD
Address: 5200 NW 43 ST. SUITE 102-232
City-St-Zip: GAINESVILLE, FL 32653

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: MELINDA SOWERS

M

04/12/2008

Electronic Signature of Signing Officer or Director

Date