

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004574

FILED  
Mar 11, 2009  
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: GADAPPEE, 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 43 ST. 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: D (X) Change ( ) Addition  
Name: FEDERICO, LEONARD  
Address: 5200 NW 43RD ST STE 102-232  
City-St-Zip: GAINESVILLE, FL 326064484

Title: D (X) Change ( ) Addition  
Name: CHRISTIE, HEYWARD  
Address: 5200 NW 43 ST. SUITE 102-232  
City-St-Zip: GAINESVILLE, FL 326064484

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

MS

03/11/2009

Electronic Signature of Signing Officer or Director

Date