

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000003409 (8)

1. Corporation Name

SPIRIT OF THE SUWANNEE INDEPENDENT WINTER GUARD,  
INC.

Principal Place of Business

ROUTE 3, BOX 313A  
LAKE CITY FL 32055

Mailing Address

ROUTE 3, BOX 313A  
LAKE CITY FL 32055



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/17/1995		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3353470		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FLYNN, JOSEPH G ROUTE 3, BOX 313A LAKE CITY FL 32055				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				FL	85	Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the principal officer

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	FLYNN, JOSEPH G	1.2 NAME	
STREET ADDRESS	ROUTE 3, BOX 313A	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32055	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	BURLEY, JOHN L	2.2 NAME	
STREET ADDRESS	1603 31ST DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WELLBORN FL 32094	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	FLYNN, JANET L	3.2 NAME	
STREET ADDRESS	ROUTE 3, BOX 313A	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32055	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	BURLEY, TINA M	4.2 NAME	
STREET ADDRESS	1603 31ST DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WELLBORN FL 32094	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	HALTIWANGER, LONNIE J	5.2 NAME	
STREET ADDRESS	ROUTE 5, BOX 555B	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32055	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN L. BURLEY, VD 3/11/96 904-758-3860

CR2E037 (12/95)