

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 19 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 RT 21 Box 3086	2a. Mailing Address 26 RT 21 Box 3086
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State LAKE CITY FL	28 City & State LAKE CITY FL
24 Zip 32024	25 Country US
29 Zip 32024	30 Country US

3. Date Incorporated or Qualified 07/17/1995	3a. Date of Last Report 04/02/1996
4. FEI Number 59-3353478	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

g. Name and Address of Current Registered Agent

FLYNN, JOSEPH G
 ROUTE 3, BOX 313A
 LAKE CITY FL 32055

Address change only

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) RT 21 Box 3086
83	
84 City LAKE CITY FL	85 Zip Code 32024

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FLYNN, JOSEPH G	
STREET ADDRESS	ROUTE 3, BOX 313A	<i>Address change</i>
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BURLEY, JOHN L	
STREET ADDRESS	1603 31ST DRIVE	
CITY-ST-ZIP	WELLBORN FL 32094	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FLYNN, JANET L	
STREET ADDRESS	ROUTE 3, BOX 313A	<i>Address change</i>
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURLEY, TINA M	
STREET ADDRESS	1603 31ST DRIVE	
CITY-ST-ZIP	WELLBORN FL 32094	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HALTWANGER, LONNIE J	
STREET ADDRESS	ROUTE 5, BOX 555B	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	RT 21 Box 3086
1.4 CITY-ST-ZIP	LAKE CITY FL 32024
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	RT 21 Box 3086
3.4 CITY-ST-ZIP	LAKE CITY FL 32024
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 REQUIRED _____

CR2E037 (497)