

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 OCT 26 PM 1:12

SECRETARY OF STATE



REINSTATEMENT

98

DOCUMENT # N95000003409 (8)

1. Corporation Name

SPIRIT OF THE SUWANNEE INDEPENDENT WINTER GUARD,
INC.

Principal Place of Business

Mailing Address

RT 21 BOX 3086
LAKE CITY FL 32024
US

RT 21 BOX 3086
LAKE CITY FL 3202
US

3. Date Incorporated or Qualified

07/17/1995

4. FEI Number

59-3353478

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLYNN, JOSEPH G
RT 21 BOX 3086
LAKE CITY FL 32024

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 JOSEPH G. FLYNN

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

10/21/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME FLYNN, JOSEPH G
STREET ADDRESS RT 21 BOX 3086
CITY-ST-ZIP LAKE CITY FL

DELETE

TITLE VD
NAME BURLEY, JOHN L
STREET ADDRESS 1603 31ST DRIVE
CITY-ST-ZIP WELLBORN FL 32094

DELETE

TITLE SD
NAME FLYNN, JANET L
STREET ADDRESS RT 21 BOX 3086
CITY-ST-ZIP LAKE CITY FL

DELETE

TITLE D
NAME BURLEY, TINA M
STREET ADDRESS 1603 31ST DRIVE
CITY-ST-ZIP WELLBORN FL 32094

DELETE

TITLE D
NAME HALTIWANGER, LONNIE J
STREET ADDRESS ROUTE 5, BOX 555B
CITY-ST-ZIP LAKE CITY FL 32055

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. 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 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:

JOSEPH G. FLYNN SURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/98

Date

904-755-1268

Daytime Phone #

CR2E037 (5/98)

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