2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2002
Secretary of State

DOCUMENT# N95000003409

Entity Name: SPIRIT OF THE SUWANNEE INDEPENDENT WINTER GUARD, INC.

Current Principal Place of Business:

RT 21 BOX 3086
LAKE CITY, FL 32024 US

New Principal Place of Business:

Current Mailing Address:

RT 21 BOX 3086
LAKE CITY, FL 3202 US

New Mailing Address:

FEI Number: 59-3353478 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLYNN, JOSEPH G
RT 21 BOX 3086
LAKE CITY, FL 32024 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:	PD	( ) Delete
Name:	FLYNN, JOSEPH G	
Address:	RT 21 BOX 3086	
City-St-Zip:	LAKE CITY, FL	
Title:	VD	( ) Delete
Name:	BURLEY, JOHN L	
Address:	1603 31ST DRIVE	
City-St-Zip:	WELLBORN, FL 32094	
Title:	SD	( ) Delete
Name:	FLYNN, JANET L	
Address:	RT 21 BOX 3086	
City-St-Zip:	LAKE CITY, FL	
Title:	D	( ) Delete
Name:	BURLEY, TINA M	
Address:	1603 31ST DRIVE	
City-St-Zip:	WELLBORN, FL 32094	
Title:	D	( ) Delete
Name:	ARTIS, BARRY	
Address:	6405 NW 29TH TERRACE	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOSEPH FLYNN PD 08/06/2002

Electronic Signature of Signing Officer or Director — Date