


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90338 001 ****61.25

DOCUMENT # N99000005123	
1. Entity Name SUWANNEE RIVER COON HUNTERS ASSOCIATION, INC.	

Principal Place of Business HC 4 BOX 609,COUNTY RD.353 OLD TOWN FL 32680	Mailing Address HC 4 BOX 609,COUNTY RD.353 OLD TOWN FL 32680
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2. Principal Place of Business 591 NE 831 st Ave Suite, Apt. #, etc.	3. Mailing Address 591 NE 831 st Ave Suite, Apt. #, etc.
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City & State Old Town, FL Zip 32680	Country	City & State Old Town, FL Zip 32680	Country
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6. Name and Address of Current Registered Agent STEPHENSON, JODY HC 4 BOX 609,COUNTY RD.353 OLD TOWN FL 32680	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 591 NE 831 st Ave City Old Town FL Zip Code 32680
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jody Stephenson **DATE** 4-15-05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME STEPHENSON, JODY STREET ADDRESS HC 4 BOX 609,COUNTY RD.353 CITY-ST-ZIP OLD TOWN FL 32680	<input type="checkbox"/> Delete	TITLE NAME 591 NE 831 st Ave STREET ADDRESS Old Town, FL 32680 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME MARTIN, PAUL STREET ADDRESS HC 4 BOX 454-3 CITY-ST-ZIP OLD TOWN FL 32680	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME WOLFORD, JEANETTE STREET ADDRESS 2589 NW 55TH AVE CITY-ST-ZIP BELL FL 32619	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME STEPHENSON, TRACY STREET ADDRESS HC 4 BOX 609,COUNTY RD.353 CITY-ST-ZIP OLD TOWN FL 32680	<input type="checkbox"/> Delete	TITLE NAME 591 NE 831 st Ave STREET ADDRESS Old Town, FL 32680 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tracy Stephenson **DATE** 4/15/05 **Daytime Phone #** 352-542-8659

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR