

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38637

Entity Name: SUWANNEE VALLEY PLAYERS, INCORPORATED**Current Principal Place of Business:**25 E PARK AVE
CHIEFLAND, FL 32626**Current Mailing Address:**POST OFFICE BOX 550
CHIEFLAND, FL 32644 US**FEI Number:** 59-2667051**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAGAN, LINDA A
5920 SW COUNTY ROAD 313
TRENTON, FL 32693 US*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:** LINDA A. HAGAN

04/15/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name KIDD, ANDY
Address 1603 NW 13 ST
City-State-Zip: CHIEFLAND FL 32626

Title DIRECTOR
Name PHILLIPS, ELIZABETH C
Address 6890 NE 92 CT
City-State-Zip: BRONSON FL 32621

Title PRESIDENT
Name GRANT, JANICE
Address 119 NE 3 STREET
City-State-Zip: CHIEFLAND FL 32626

Title VP
Name ZUBLER, MICHAEL
Address 8590 SW 76 STREET
City-State-Zip: TRENTON FL 32693

Title TREASURER
Name HAGAN, LINDA A
Address 5920 SW COUNTY ROAD 313
City-State-Zip: TRENTON FL 32693

Title SECRETARY
Name BARRON, KASSIE
Address PO BOX 746
City-State-Zip: CHIEFLAND FL 32644

Title DIRECTOR
Name GILL, BECKY
Address PO BOX 760
City-State-Zip: BRONSON FL 32621

I hereby 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 all other like empowered.

SIGNATURE: LINDA A HAGAN

TREASURER

04/15/2013

Electronic Signature of Signing Officer/Director Detail

Date