

2017 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:** Yes**Name and Address of Current Registered Agent:**BLANTON, LAURA
10410 NW 60 STREET
CHIEFLAND, FL 32626 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:** LAURA BLANTON

06/14/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title TREASURER
Name BLANTON, LAURA
Address 10410 NW 60 STREET
City-State-Zip: CHIEFLAND FL 32626

Title VP
Name PHILLIPS, ELIZABETH
Address PO BOX 444
City-State-Zip: BRONSON FL 32621

Title OTHER
Name ACEVEDO, ANGELA
Address 10290 NW 101ST ST
City-State-Zip: CHIEFLAND FL 32626

Title SECRETARY
Name CRAWFORD, STEPHANIE
Address 12291 NE 91ST COURT
City-State-Zip: ARCHER FL 32618

Title PRESIDENT
Name CRAWFORD, GERALD
Address 12291 NE 91ST CT,
City-State-Zip: ARCHER FL 32618

Title OTHER
Name COFFEY, DAWN
Address 12270 NE 108TH TER
City-State-Zip: ARCHER FL 32618

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: LAURA BLANTON

TREASURER

06/14/2017

Electronic Signature of Signing Officer/Director Detail

Date