

2015 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:**VERHAEREN, LEO
224 SE 1ST AVENUE
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:** LEO VERHAEREN

04/22/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title TREASURER
Name VERHAEREN, LEO
Address 224 SE 1ST AVENUE
City-State-Zip: TRENTON FL 32693

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

Title DIRECTOR
Name CHILD, DIANA R
Address 500 W PARK AVENUE
City-State-Zip: CHIEFLAND FL 32626

Title SECRETARY
Name GRANT, JANICE
Address 7031 NW 95TH ST.
City-State-Zip: CHIEFLAND FL 32626

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

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

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: LEO VERHAEREN

TREASURER

04/22/2015

Electronic Signature of Signing Officer/Director Detail

Date