

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90192 010 \*\*\*150.00

DOCUMENT # N02000001335

1. Entity Name

**FRIENDS AND VOLUNTEERS OF REFUGEES (FAVOR) -  
 LOWER SUWANEE AND CEDAR KEYS, INC.**

Principal Place of Business

Mailing Address

16450 NW 31ST PLACE  
 CHIEFLAND FL 32626

16450 NW 31ST PLACE  
 CHIEFLAND FL 32626

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3718472

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
 Fee Required

300004999973--0

02/13/02 90192 010 \$1 150.00

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEPHENS, JOAN  
 P. O. BOX 864  
 CEDAR KEY FL 32625

Name: **STEPHENS, JOAN**  
 Street Address (P.O. Box Number is Not Acceptable):  
**5239 SW CR 313**  
**TRENTON FL**  
 City: **FL 32693**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back).

Make Check Payable to Department of State

10. Election Campaign Financing  
 Trust Fund Contribution.

\$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD  Delete  
 NAME: STEPHENS, JOAN  
 STREET ADDRESS: 5239 SW CR 313  
 CITY-ST-ZIP: TRENTON FL 32693

TITLE: T  Change  Addition  
 NAME: HENDERSON, DALE  
 STREET ADDRESS: 16417 ANDREWS CIR  
 CITY-ST-ZIP: CEDAR KEY FL 32625

TITLE: VD  Delete  
 NAME: TAYLOR, NANCY K  
 STREET ADDRESS: P. O. BOX 690  
 CITY-ST-ZIP: CEDAR KEY FL 32625

TITLE: D  Change  Addition  
 NAME: JULIANA LARSON  
 STREET ADDRESS: PO BOX 148  
 CITY-ST-ZIP: CEDAR KEY FL 32625

TITLE: SD  Delete  
 NAME: NUGENT, SUSAN  
 STREET ADDRESS: 6406 NW 38TH TERR.  
 CITY-ST-ZIP: GAINESVILLE FL 32653

TITLE: D  Change  Addition  
 NAME: NUGENT, HAROLD  
 STREET ADDRESS: 6406 NW 38TH TERR.  
 CITY-ST-ZIP: GAINESVILLE FL 32653

TITLE: D  Delete  
 NAME: GRIFFIN, GEORGE  
 STREET ADDRESS: P. O. BOX 159  
 CITY-ST-ZIP: OLD TOWN FL 32680

TITLE: D  Change  Addition  
 NAME: MILLER, DAWN  
 STREET ADDRESS: 15114 NW 32ND AVE.  
 CITY-ST-ZIP: NEWBERRY FL 32669

TITLE: D  Delete  
 NAME: MILLER, DAWN  
 STREET ADDRESS: 15114 NW 32ND AVE.  
 CITY-ST-ZIP: NEWBERRY FL 32669

TITLE: D  Change  Addition  
 NAME: MILLER, DAWN  
 STREET ADDRESS: 15114 NW 32ND AVE.  
 CITY-ST-ZIP: NEWBERRY FL 32669

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Joan Stephens* JOAN STEPHENS

Date

1-25-02

Daytime Phone #

352  
 463-1095

CR2E034 (9/01)

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