


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000001335**  
 1. Entity Name  
**FRIENDS AND VOLUNTEERS OF REFUGES (FAVOR) - LOWER SUWANEE AND CEDAR KEYS, INC.**



Principal Place of Business 16450 NW 31ST PLACE CHIEFLAND, FL 32626	Mailing Address P O BOX 864 CEDAR KEY, FL 32625
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**DO NOT WRITE IN THIS SPACE**



01222004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3718472</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

STEPHENS, JOAN  
 5239 SW CR 313  
 TRENTON, FL 32693

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

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEPHENS, JOAN 5239 SW CR 313 TRENTON, FL 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAYLOR, NANCY K P O BOX 690 CEDAR KEY, FL 32625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NUGENT, SUSAN 6406 NW 38TH TER GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUGENT, HAROLD 6406 NW 36TH TER GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLUCKMAN, MARK RODEO RD BELL, FL 32619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, DAWN 15114 NW 32ND AVE NEWBERRY, FL 32669

000000013184  
 01/26/04-80043-014 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_ **DATE:** JAN 23 04 **DAYTIME PHONE #:** 386-497-3536  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR