



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2006 8:00 am
Secretary of State

06-26-2006 90001 018 ****61.25

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 1306 CHIEFLAND, FL 32644			
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 <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STEPHENS, JOAN 5239 SW CR 313 TRENTON, FL 32693			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTS, REBECCA		NAME	Collins, Toni C	
STREET ADDRESS	PO BOX 346		STREET ADDRESS	12751 NW 92nd ST	
CITY-ST-ZIP	HIGH SPRINGS, FL 32655		CITY-ST-ZIP	Chiefland FL 32626	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, JOAN		NAME		
STREET ADDRESS	5238SW C.R.313		STREET ADDRESS		
CITY-ST-ZIP	TRENTON, FL 32625		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTSON, ROB		NAME		
STREET ADDRESS	RT. 13 BOX 1019B		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 32055		CITY-ST-ZIP		
TITLE	SEC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, TONI C		NAME		
STREET ADDRESS	12751 NW 92ND ST.		STREET ADDRESS		
CITY-ST-ZIP	CHIEFLAND, FL 32626		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	TREA MARSHALL BARNARD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNARD, MARSHALL		NAME	492 SW COLLINS LANE	
STREET ADDRESS	492SW COLLINS LANE		STREET ADDRESS	FORT WHITE FL 32038	
CITY-ST-ZIP	FORT WHITE, FL 32038		CITY-ST-ZIP		
TITLE	TREA	<input checked="" type="checkbox"/> Delete	TITLE	D Loye. T BARNARD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNARD, LOYE		NAME	492 SW COLLINS LANE	
STREET ADDRESS	492 SW COLLINS LANE		STREET ADDRESS	FORT WHITE FL 32038	
CITY-ST-ZIP	FORT WHITE, FL 32038		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		MARSHALL BARNARD Treas		Date: 5/30/06 386-497-3538	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR</small>				<small>Date</small>	