

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001335

FILED
Apr 27, 2007
Secretary of State

Entity Name: FRIENDS AND VOLUNTEERS OF REFUGES (FAVOR) - LOWER SUWANEE AND CEDAR KEYS, INC.

Current Principal Place of Business:

16450 NW 31ST PLACE
CHIEFLAND, FL 32626

New Principal Place of Business:

Current Mailing Address:

P O BOX 1306
CHIEFLAND, FL 32644

New Mailing Address:

FEI Number: 59-3718472 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEPHENS, JOAN
5239 SW CR 313
TRENTON, FL 32693 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COLLINS, TONI C
Address: 12751 NW 92ND ST
City-St-Zip: CHIEFLAND, FL 32626

Title: VD () Delete
Name: STEPHENS, JOAN
Address: 5239SW C.R.313
City-St-Zip: TRENTON, FL 32625

Title: SD () Delete
Name: MATTSON, ROB
Address: RT. 13 BOX 1019B
City-St-Zip: LAKE CITY, FL 32055

Title: SEC () Delete
Name: COLLINS, TONI C
Address: 12751 NW 92ND ST.
City-St-Zip: CHIEFLAND, FL 32626

Title: T () Delete
Name: BARNARD, MARSHALL
Address: 492SW COLLINS LANE
City-St-Zip: FORT WHITE, FL 32038

Title: D () Delete
Name: BARNARD, LOYE
Address: 492 SW COLLINS LANE
City-St-Zip: FORT WHITE, FL 32038 D

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BUSHNELL, JAY
Address: 15639 NW 46TH LANE
City-St-Zip: CHIEFLAND, FL 32626

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: STEPHENS, JOAN
Address: 5239SW CR 313
City-St-Zip: TRENTON, FL 32693

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARSHALL BARNARD

Electronic Signature of Signing Officer or Director

TREA

04/27/2007

Date