


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90015 002 \*\*\*\*61.25

<b>DOCUMENT # N02000001335</b>					
1. Entity Name <b>FRIENDS AND VOLUNTEERS OF REFUGES (FAVOR) - LOWER SUWANEE AND CEDAR KEYS, INC.</b>					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01122008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-3718472</b>	
				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		
<b>STEPHENS, JOAN</b> 5239 SW CR 313 TRENTON, FL 32693			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSHNELL, JAY		NAME		
STREET ADDRESS	15639 NW 46TH LANE		STREET ADDRESS		
CITY-ST-ZIP	CHIEFLAND, FL 32626		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHENS, JOAN		NAME	MARCY VANLANDINGHAM	
STREET ADDRESS	5239SW C.R.313		STREET ADDRESS	PO BOX 958	
CITY-ST-ZIP	TRENTON, FL 32625		CITY-ST-ZIP	CEDAR KEY FL 32625	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATTSON, ROB		NAME	1300 HUDSON	
STREET ADDRESS	RT. 13 BOX 1019B		STREET ADDRESS	5221 NW 119 ST	
CITY-ST-ZIP	LAKE CITY, FL 32055		CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	SEC	<input type="checkbox"/> Delete	TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, JOAN		NAME	JOAN STEPHENS	
STREET ADDRESS	5239SW CR 313		STREET ADDRESS	5239 SW CR 313	
CITY-ST-ZIP	TRENTON, FL 32693		CITY-ST-ZIP	TRENTON FL 32693	
TITLE	T	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNARD, MARSHALL		NAME		
STREET ADDRESS	492SW COLLINS LANE		STREET ADDRESS		
CITY-ST-ZIP	FORT WHITE, FL 32038		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNARD, LOYE		NAME		
STREET ADDRESS	492 SW COLLINS LANE		STREET ADDRESS		
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: <i>Joan Stephens</i>		JOAN STEPHENS		352-463-1095	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/21/08		Daytime Phone #	