

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 15, 2009
Secretary of State**

DOCUMENT# N02000001335

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: BUSHNELL, JAY
Address: 15639 NW 46TH LANE
City-St-Zip: CHIEFLAND, FL 32626

Title: VP () Delete
Name: VANLANDING, MARGY
Address: PO BOX 958
City-St-Zip: CEDAR KEY, FL 32625

Title: S () Delete
Name: HUDSON, BOD
Address: 5221 NW 119 ST
City-St-Zip: GAINESVILLE, FL 32653

Title: T () Delete
Name: STEPHENS, JOAN
Address: 5239 SW CR 313
City-St-Zip: TRENTON, FL 32693

Title: D () Delete
Name: BARNARD, MARSHALL
Address: 492 SW 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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: WILCOX, MARCIE
Address: PO BOX 775
City-St-Zip: THONOTOSASSA, FL 33592

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

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

Title: D (X) Change () Addition
Name: MAPLE, DOUG
Address: 15624 SUNSET DRIVE
City-St-Zip: CEDAR KEY, FL 32625

Title: D (X) Change () Addition
Name: THALACKER, JOHN
Address: P. O. BOX 254
City-St-Zip: CEDAR KEY, FL 32625 D

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: JOAN STEPHENS

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02/15/2009

Electronic Signature of Signing Officer or Director

Date