

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90562 021 ****61.25

DOCUMENT # N02000001335



1. Entity Name
**FRIENDS AND VOLUNTEERS OF REFUGES (FAVOR) - LOWE
R 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**

5 J006401



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3718472**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$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** Delete
NAME **STEPHENS, JOAN**
STREET ADDRESS **5239 SW CR 313**
CITY-ST-ZIP **TRENTON FL 32693**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** Delete
NAME **TAYLOR, NANCY K**
STREET ADDRESS **P O BOX 690**
CITY-ST-ZIP **CEDAR KEY FL 32625**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** Delete
NAME **NUGENT, SUSAN**
STREET ADDRESS **6406 NW 38TH TER**
CITY-ST-ZIP **GAINESVILLE FL 32653**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **NUGENT, HAROLD**
STREET ADDRESS **6406 NW 36TH TER**
CITY-ST-ZIP **GAINESVILLE FL 32653**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **GRIFFIN, GEORGE**
STREET ADDRESS **PO BOX 159**
CITY-ST-ZIP **OLD TOWN FL 32680**

TITLE **D** Change Addition
NAME **MARK GLUCKMAN**
STREET ADDRESS **RODED RD**
CITY-ST-ZIP **BELL FL 32619**

TITLE **D** Delete
NAME **MILLER, DAWN**
STREET ADDRESS **15114 NW 32ND AVE**
CITY-ST-ZIP **NEWBERRY FL 32669**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: JOAN STEPHENS

1-16-03

352-
463-1095

CR2E037 (10/02)