2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709430

FILED Jan 30, 2009 Secretary of State

Entity Name: SUWANNEE RIVER ECONOMIC COUNCIL, INC.

Current Prin	cipal Place	of Business:	New Princ	New Principal Place of Business:			
1171 NOBLE P O BOX 70 LIVE OAK, FL	S FERRY RO	DAD IS	1171 NOBI LIVE OAK,	LES FERRY F FL 32064	ROAD US		
			Now Maili	na Addrocci			
Surrent Man	ling Address	••	new main	New Mailing Address:			
O BOX 70	S FERRY RO	DAD	POST OFF LIVE OAK,	FICE BOX 70 FL 32064	US		
LIVE OAK, FL		IS					
FEI Number: 59	9-1101989	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired	(X)	
Name and A	ddress of Cu	ırrent Registered Agent:	Name and	Address of	New Registered Agent:		
TERRY, FRA 1171 NOBLE LIVE OAK, FL	S FERRY RO	DAD IS					
The above na n the State o		ubmits this statement for the pu	rpose of changing i	ts registered o	office or registered agent, or	r both,	
SIGNATURE							
	Electroni	Signature of Registered Agen	t		Date		
OFFICERS A	AND DIRECT	ORS:	ADDITION	S/CHANGES	TO OFFICERS AND DIRE	ECTORS	
Name: J Nddress: 1	() I IOHNSON, VERI 9520 168TH ST IVE OAK, FL 3:	REET	Title: Name: Address: City-St-Zip:	() Change () Addition		
Address: 7	O () I HODGES, E W, v 1886 SW CR 18 HAMPTON, FL 3		Title: Name: Address: City-St-Zip:	() Change () Addition		
\ddress: F	S () I KEARNEY, CHAF PO BOX 733 'RENTON, FL 3		Title: Name: Address: City-St-Zip:	S (X HARRIS, OLEA 360 NW ELLA LAKE CITY, FI	ALLEN CT		
Name: L Address: F) () I .YONS, RICKY P.O. BOX 88 MAYO, FL 3206	Delete 6	Title: Name: Address: City-St-Zip:	() Change () Addition		
Name: S Address: F	O () I SWISHER, JIMM RTE 15, BOX 30 .AKE CITY, FL	58	Title: Name: Address: City-St-Zip:	() Change () Addition		
Name: T Address: F	/P () I TILLIS, RICHARI PO BOX 777 .AKE BUTLER, I		Title: Name: Address: City-St-Zip:	() Change () Addition		

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: E. W. HODGES, JR. P 01/30/2009