

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90196 034 ****61.25

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01102007 Chg-NP CR2E037 (12/06)

DOCUMENT # 722227 1. Entity Name SUWANNEE COUNTY CHAMBER OF COMMERCE, INC.					
Principal Place of Business 816 S. OHIO AVENUE LIVE OAK, FL 32064 US			Mailing Address P.O. BOX DRAWER C LIVE OAK, FL 32064 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-0562942 Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASON, DENNIS 816 S. OHIO AVENUE LIVE OAK, FL 32060				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 20%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reappointing)</small> </div> <div style="width: 30%; text-align: right;"> <div style="font-size: 2em;">1/11/07</div> <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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		
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	S DOVE, JACKIE PO DRAWER Q LIVE OAK, FL 32064 <input checked="" type="checkbox"/> Delete		<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	D CHER MAHAN P.O. BOX 848 LIVE OAK, FL 32064 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	T CATHCART, ROB 115 GRAND ST LIVE OAK, FL 32064 <input type="checkbox"/> Delete		<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	C MCGRANAHAN, ROBERT F 17856 US HWY 129 S, MC ALPIN, FL 32062 <input type="checkbox"/> Delete		<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<input type="checkbox"/> Delete		<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<input type="checkbox"/> Delete		<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<input type="checkbox"/> Delete		<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			SUSAN HILLHOUSE, OFFICE MANAGER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
			<div style="text-align: right;"> <div style="font-size: 2em;">1/11/07</div> <small>Date</small> </div>		