

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722227

FILED  
Feb 09, 2009  
Secretary of State

**Entity Name:** SUWANNEE COUNTY CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

816 S. OHIO AVENUE  
LIVE OAK, FL 32064 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX DRAWER C  
LIVE OAK, FL 32064 US

**New Mailing Address:**

**FEI Number:** 59-0562942

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CASON, DENNIS  
816 S. OHIO AVENUE  
LIVE OAK, FL 32060 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: D ( ) Delete  
Name: CHER, MAHAN  
Address: P O BOX 848  
City-St-Zip: LIVE OAK, FL 32064

Title: T ( ) Delete  
Name: CATHCART, ROB  
Address: 115 GRAND ST  
City-St-Zip: LIVE OAK, FL 32064

Title: C ( ) Delete  
Name: TILLMAN, HARDY  
Address: 206 WHITE AVE  
City-St-Zip: LIVE OAK, FL 32064

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: C (X) Change ( ) Addition  
Name: CATHCART, ROB  
Address: 115 GRAND ST  
City-St-Zip: LIVE OAK, FL 32064

Title: T (X) Change ( ) Addition  
Name: JOHNSON, AMY  
Address: PO BOX 429  
City-St-Zip: LIVE OAK, FL 32064

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: ROB CATHCART

C

02/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date