

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729853

FILED
Apr 29, 2008
Secretary of State

Entity Name: SUWANNEE VALLEY FELLOWSHIP, INC.

Current Principal Place of Business:

6551 N.W. 125TH LANE
CHIEFLAND, FL 32626

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 204
TRENTON, FL 32693

New Mailing Address:

FEI Number: 59-1551659 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECK, PHILLIP K
11151 N.W. 151ST STREET
CHIEFLAND, FL 32626 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: WALDRON, JOHN L
Address: 6551 N.W. 125TH LANE
City-St-Zip: CHIEFLAND, FL 32626

Title: STD () Delete
Name: WALDRON, BRENDA G
Address: 6551 N.W. 125TH LANE
City-St-Zip: CHIEFLAND, FL 32626

Title: D () Delete
Name: WALDRON, CRAIG
Address: 5010 N.W. 55TH AVENUE
City-St-Zip: BELL, FL 32619

Title: VD () Delete
Name: WALDRON, GREGG
Address: 108 S.W. 8TH STREET
City-St-Zip: CROSS CITY, FL 32628

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WALDRON, JOHN L I
Address: 6551 N.W. 125TH LANE
City-St-Zip: CHIEFLAND, FL 32626

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

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

Title: D (X) Change () Addition
Name: WALDRON, GREGG
Address: 108 S.W. 8TH STREET
City-St-Zip: CROSS CITY, FL 32628

Title: VD () Change (X) Addition
Name: WALDRON, JOHN L II
Address: 401 SW RAMON COURT
City-St-Zip: LAKE CITY, FL 32024

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: JOHN L. WALDRON, I

PD

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date