

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90126 005 \*\*\*\*61.25

**DOCUMENT # 738073**

1. Entity Name

SUWANNEE FOREST PARK HILLS, INC.



Principal Place of Business

Mailing Address

RT. 2 TERIKO DRIVE  
P.O. BOX 885  
OLD TOWN FL 32680

RT. 2 TERIKO DRIVE  
P.O. BOX 885  
OLD TOWN FL 32680



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

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

CLARK, EDWARD T  
798 NE 835 ST  
OLD TOWN FL 32680

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  
Due By May 1, 2007**

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 VP ☐ Delete  
NAME ICE, SUE  
STREET ADDRESS 1319 NE 272 AVE  
CITY- ST- ZIP OLD TOWN FL 32680

TITLE President ☒ Change ☐ Addition  
NAME Sue Ice  
STREET ADDRESS 1319 NE 272 Ave  
CITY- ST- ZIP Old Town FL 32680

TITLE T ☐ Delete  
NAME CLARK, EDWARD T  
STREET ADDRESS 798 NE 835 ST  
CITY- ST- ZIP OLD TOWN FL 32680

TITLE Vice President ☐ Change ☒ Addition  
NAME Mike McCormick  
STREET ADDRESS 553 N.E. 790 St.  
CITY- ST- ZIP Old Town, FL 32680

TITLE S ☐ Delete  
NAME CLARK, PEGGY L  
STREET ADDRESS 798 NE 835 ST  
CITY- ST- ZIP OLD TOWN FL 32680

TITLE Director ☐ Change ☒ Addition  
NAME Hershell Johnson  
STREET ADDRESS PO Box 1736 Old Town FL 32680

TITLE P ☒ Delete  
NAME WILLIAMS, WILLIS  
STREET ADDRESS 393 NE 428 AVE  
CITY- ST- ZIP OLD TOWN FL 32680

TITLE Director ☐ Change ☒ Addition  
NAME Bill Ingersoll  
STREET ADDRESS 47 NE 456 Ave Old Town FL 32680

TITLE D ☐ Delete  
NAME DELALLA, ANNE  
STREET ADDRESS 52 NE 17 ST  
CITY- ST- ZIP OLD TOWN FL 32680

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE D ☒ Delete  
NAME MEEK, NANCY  
STREET ADDRESS 306 N.E. 432 AVE  
CITY- ST- ZIP OLD TOWN FL 32680

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 exemptions contained in Section 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:

*Edward T Clark*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Due 5/1/07 Daytime Phone # 352-352-3523