

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 738073

1. Entity Name

SUWANNEE FOREST PARK HILLS, INC.



Principal Place of Business

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

Mailing Address

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 re-issuing)

DATE

FILE NOW: FEE IS \$61.25  
Due By September 3, 2008

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
MCCORMICK, MILLE  
553 NE 790 ST  
OLD TOWN FL 32680 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
JOHNSON, HERSHELL  
P O BOX 1736  
OLD TOWN FL 32680 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
U00000958434  
08/27/08-80002-008 61.25

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

Edward T Clark - Edward T Clark 8/24/08 352 5429794

FILED  
Aug 27, 2008 08:00 AM  
Secretary of State



2nd MOORE CR2E037 (4/08)

4. FEI Number NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required