

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738073

FILED
Mar 30, 2009
Secretary of State

Entity Name: SUWANNEE FOREST PARK HILLS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

RT. 2 TERIKO DRIVE
OLD TOWN, FL 32680

Current Mailing Address:

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

New Mailing Address:

P.O. BOX 885
OLD TOWN, FL 32680

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CLARK, EDWARD T
798 NE 835 ST
OLD TOWN, FL 32680 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: P () Delete
Name: ICE, SUE
Address: 1319 NE 272 AVE
City-St-Zip: OLD TOWN, FL 32680

Title: T () Delete
Name: CLARK, EDWARD T
Address: 798 NE 835 ST
City-St-Zip: OLD TOWN, FL 32680

Title: S () Delete
Name: CLARK, PEGGY L
Address: 798 NE 835 ST
City-St-Zip: OLD TOWN, FL 32680

Title: VP () Delete
Name: MCCORMICK, MILLE
Address: 553 NE 790 ST
City-St-Zip: OLD TOWN, FL 32680

Title: D () Delete
Name: DELALLA, ANNE
Address: 52 NE 17 ST
City-St-Zip: OLD TOWN, FL 32680

Title: D () Delete
Name: JOHNSON, HERSHELL
Address: P O BOX 1736
City-St-Zip: OLD TOWN, FL 32680

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: YOUNG, SHARON
Address: 382 SE ADAMS RD
City-St-Zip: BRANFORD, FL 32008

Title: VP (X) Change () Addition
Name: WEBER, BARBARA
Address: PO BOX 1491
City-St-Zip: OLD TOWN, FL 32680

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

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

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: EDWARD T. CLARK

TREA

03/30/2009

Electronic Signature of Signing Officer or Director

_____ Date