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Feb 13 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 761599 (0)

1. Corporation Name

SUWANNEE RIVER RESEARCH LABORATORY AND MUSEUM, INC.

Principal Place of Business

Mailing Address

ROUTE 5, BOX 164  
LURAVILLE FL 32060

ROUTE 5, BOX 164  
LURAVILLE FL 32060-9605



2. Principal Place of Business

2a. Mailing Address

21 9352 30th TRAIL  
Suite, Apt. #, etc.

26 9352 30th TRAIL  
Suite, Apt. #, etc.

22 City & State  
23 LIVE OAK FL  
Zip Country  
24 32060 25 SUWANNEE

27 City & State  
28 LIVE OAK FL  
Zip Country  
29 32060 30 SUWANNEE

3. Date Incorporated or Qualified  
01/26/1982

3a. Date of Last Report  
05/01/1996

4. FEI Number  
59-2958245  
Applied For  
Not Applicable

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

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MADDALINO, CANDY  
ROUTE 5, BOX 164 9352 30th TRAIL  
LURAVILLE FL 32060 LIVE OAK FL 32060

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MADDALINO, PATRICK	
STREET ADDRESS	RT 5, BOX 164 9352 30th TRAIL	
CITY - ST - ZIP	LURAVILLE FL LIVE OAK FL 32060	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BELL JR., DREW	
STREET ADDRESS	ROUTE 1, BOX 665	
CITY - ST - ZIP	MAYO FL 32066	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MADDALINO, CANDY	
STREET ADDRESS	RT 5, BOX 164 9352 30th TRAIL	
CITY - ST - ZIP	LURAVILLE FL LIVE OAK FL 32060	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 2/10/97 DAYTIME PHONE: 904-364-5496  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: CANDY MADDALINO

CR2E037 (9/96)