# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000001622

1. Entity Name
TELLEQUAH RIVER CORPORATION

**FILED**
**Apr 12, 2004 08:00 AM**
**Secretary of State**

| Principal Place of Business | Mailing Address |
|---|---|
| 3915 286TH TERR.<br>BRANFORD, FL 32008 | 3915 286TH TERR.<br>BRANFORD, FL 32008 |

04052004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BLATTENBERGER, CONNIE
3915 286TH TERR.
BRANFORD, FL 32008

**DO NOT WRITE IN THIS SPACE**

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 Connie Blattenberger CONNIE BLATTENBERGER 4-7-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000001622
04 APR 12 08:00 FLT 61.25

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | V |
| NAME | AUSTIN, KEITH |
| STREET ADDRESS | 5074 ST. JOHNS AVE. S. |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33437 |
| TITLE | D |
| NAME | AUSTIN, CHARLENE |
| STREET ADDRESS | 5074 ST. JOHNS AVE. S. |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33437 |
| TITLE | P |
| NAME | TENNEY, LEROY |
| STREET ADDRESS | P.O. BOX 2837 |
| CITY-ST-ZIP | OKEECHOBEE, FL 34973 |
| TITLE | D |
| NAME | TENNEY, EVA |
| STREET ADDRESS | P.O. BOX 2837 |
| CITY-ST-ZIP | OKEECHOBEE, FL 34973 |
| TITLE | D |
| NAME | BARD, MICHAEL |
| STREET ADDRESS | 7351 CANAL DR. |
| CITY-ST-ZIP | LAKE WORTH, FL 33467 |
| TITLE | S |
| NAME | BLATTENBERGER, CONNIE |
| STREET ADDRESS | 3951-2 86TH TERR |
| CITY-ST-ZIP | BRANFORD, FL 32008 |

**DO NOT WRITE IN THIS SPACE**

12. I 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 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:** Connie Blattenberger 4-7-04 386-935-9553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CONNIE BLATTENBERGER