

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

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90010 047 ****61.25

DOCUMENT # N01000008962

1. Entity Name

SUWANNEE VALLEY DET. 1086 INC.



Principal Place of Business

Mailing Address

4961 256TH ST
O BRIEN FL 32071-4434

4961 256TH ST
O BRIEN FL 32071-4434

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

59-3726165

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

TAYLOR, JOHN R
4961 256TH ST
O BRIEN FL 32071-4434

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-registering)

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 PT ☒ Delete
NAME CONDY, R. DALE
STREET ADDRESS 16418 221ST RD
CITY-ST-ZIP LIVE OAK FL 32060-4629

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

TITLE TS ☐ Delete
NAME TAYLOR, JOHN R
STREET ADDRESS 4961 256TH ST.
CITY-ST-ZIP O BRIEN FL 32071-4434

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

TITLE SRVT ☐ Delete
NAME CURTIS, JERRY
STREET ADDRESS 421 SOUTHWEST QUAIL HEIGHTS TERRACE
CITY-ST-ZIP LAKE CITY FL 32025

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

TITLE JRV ☐ Delete
NAME MCCOY, JOHN
STREET ADDRESS RT 14 BOX 14315
CITY-ST-ZIP LAKE CITY FL 32024-9603

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

TITLE JA ☐ Delete
NAME RUSSELL, WALTER E
STREET ADDRESS RT 15 BOX 1208-8
CITY-ST-ZIP LAKE CITY FL 32024-1208

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

John R Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/2007 386 995 3287
Date Daytime Phone #