

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

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90037 042 ****61.25

DOCUMENT # N01000008962

1. Entity Name

SUWANNEE VALLEY DET. 1086 INC.



Principal Place of Business

4961 256TH ST
O BRIEN FL 32071-4434

Mailing Address

4961 256TH ST
O BRIEN FL 32071-4434

2. Principal Place of Business - No P.O. Box #

4961 256TH ST

3. Mailing Address

4961 256TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

O BRIEN FL

City & State

O BRIEN, FL

Zip

32071

Country

Zip

32071

Country

4. FEI Number

59-3726165

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

JOHN R. TAYLOR

Street Address (P.O. Box Number is Not Acceptable)

4961 256TH ST

City

O BRIEN FL

FL

Zip Code

32071

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

John R Taylor

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-1-08

FILE NOW: FEE IS \$61.25
Due By May 1, 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	TS	<input type="checkbox"/> Delete
NAME	TAYLOR, JOHN R	
STREET ADDRESS	4961 256TH ST.	
CITY- ST- ZIP	O BRIEN FL 32071-4434	
TITLE	SRVT	<input type="checkbox"/> Delete
NAME	CURTIS, JERRY	
STREET ADDRESS	421 SOUTHWEST QUAIL HEIGHTS TERRACE	
CITY- ST- ZIP	LAKE CITY FL 32025	
TITLE	JRV	<input type="checkbox"/> Delete
NAME	MCCOY, JOHN	
STREET ADDRESS	RT 14 BOX 14315	
CITY- ST- ZIP	LAKE CITY FL 32024-9603	
TITLE	JA	<input checked="" type="checkbox"/> Delete
NAME	RUSSELL, WALTER E	
STREET ADDRESS	RT 15 BOX 1208-8	
CITY- ST- ZIP	LAKE CITY FL 32024-1208	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

CARSON, Russell
365 SW GATHERER TER
LAKE CITY FL 32024

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 another like empowered.

SIGNATURE:

John R Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-08 386 935 3287