

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90029 023 ****61.25

DOCUMENT # N01000009030

1. Entity Name

SUWANNEE ANIMAL VOLUNTEER ENDEAVOR, INC.



Principal Place of Business

Mailing Address

**200 S. OHIO AVENUE
LIVE OAK FL 32064**

**200 S. OHIO AVENUE
LIVE OAK FL 32064**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

60-0002114

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

**HUNTER, JANIS
25695 83RD ROAD
BRANFORD FL 32008**

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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 ☐ Delete
NAME **HUNTER, JANIS**
STREET ADDRESS **25695 83RD ROAD**
CITY-ST-ZIP **BRANFORD FL 32008**

TITLE ☐ Change ☒ Addition
NAME **SECRETARY/TREASURER**
NAME **Judy Place**
STREET ADDRESS **9333 48th Street**
CITY-ST-ZIP **LIVE OAK, FL 32060**

TITLE ☒ Delete
NAME **BALDREE, REBECCA**
STREET ADDRESS **P O BOX 6002**
CITY-ST-ZIP **LIVE OAK FL 32064**

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

TITLE ☐ Delete
NAME **BROWN, JOSEPH**
STREET ADDRESS **17709 10TH TERRACE**
CITY-ST-ZIP **LIVE OAK FL 32060**

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

TITLE ☐ Delete
NAME **HUNTER, EVELYN**
STREET ADDRESS **8347 40TH STREET**
CITY-ST-ZIP **LIVE OAK FL 32060**

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

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 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: *Judy Place* **Judy PLACE**

4-14-04 (386)362-1358

Date

Daytime Phone #