


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000009030</b> 1. Entity Name <b>SUWANNEE ANIMAL VOLUNTEER ENDEAVOR, INC.</b>	
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Principal Place of Business <b>11150 144TH STREET MC ALPIN, FL 32062</b>	Mailing Address <b>11150 144TH STREET MC ALPIN, FL 32062</b>
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**DO NOT WRITE IN THIS SPACE**



03012006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>60-0002114</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
  
**HUNTER, JANIS  
25695 83RD ROAD  
BRANFORD, FL 32008**

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$51.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	HUNTER, JANIS
STREET ADDRESS	25695 83RD ROAD
CITY-ST-ZIP	BRANFORD, FL 32008
TITLE	ST
NAME	PLACE, JUDY
STREET ADDRESS	9333 48TH STREET
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	D
NAME	BROWN, JOSEPH
STREET ADDRESS	17709 10TH TERRACE
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	D
NAME	HUNTER, EVELYN
STREET ADDRESS	8347 40TH STREET
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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1100000459188  
03/18/06-80021-017 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** Judy Place **3/1/06 (386) 208-0072**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #