


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 08:00 A
Secretary of State

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



02122007 No Chg-NP CR2E037 (4/06)

4. FEI Number 60-0002114	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 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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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000639031 02/28/07-80009-024 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNTER, JANIS 25695 83RD ROAD BRANFORD, FL 32008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PLACE, JUDY 9333 48TH STREET LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, JOSEPH 17709 10TH TERRACE LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNTER, EVELYN 8347 40TH STREET LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: <u>Judy Place</u> Judy PLACE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>2/12/07</u> <small>Date</small>	<u>(386) 208-0072</u> <small>Daytime Phone #</small>
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