

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000009030

1. Entity Name
SUWANNEE ANIMAL VOLUNTEER ENDEAVOR, INC.



Principal Place of Business
**11150 144TH STREET
MC ALPIN, FL 32062**

Mailing Address
**11150 144TH STREET
MC ALPIN, FL 32062**



01292008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 60-0002114	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

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

U00000817934
02/15/08-80022-016 61.25

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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: Judy Place JUDY PLACE 1/30/2008 (386) 362-1358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #