

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001335

FILED  
Apr 27, 2007  
Secretary of State

**Entity Name:** FRIENDS AND VOLUNTEERS OF REFUGES (FAVOR) - LOWER SUWANEE AND CEDAR KEYS, INC.

**Current Principal Place of Business:**

16450 NW 31ST PLACE  
CHIEFLAND, FL 32626

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1306  
CHIEFLAND, FL 32644

**New Mailing Address:**

**FEI Number:** 59-3718472

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEPHENS, JOAN  
5239 SW CR 313  
TRENTON, FL 32693 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: COLLINS, TONI C  
Address: 12751 NW 92ND ST  
City-St-Zip: CHIEFLAND, FL 32626

Title: VD ( ) Delete  
Name: STEPHENS, JOAN  
Address: 5239SW C.R.313  
City-St-Zip: TRENTON, FL 32625

Title: SD ( ) Delete  
Name: MATTSON, ROB  
Address: RT. 13 BOX 1019B  
City-St-Zip: LAKE CITY, FL 32055

Title: SEC ( ) Delete  
Name: COLLINS, TONI C  
Address: 12751 NW 92ND ST.  
City-St-Zip: CHIEFLAND, FL 32626

Title: T ( ) Delete  
Name: BARNARD, MARSHALL  
Address: 492SW COLLINS LANE  
City-St-Zip: FORT WHITE, FL 32038

Title: D ( ) Delete  
Name: BARNARD, LOYE  
Address: 492 SW COLLINS LANE  
City-St-Zip: FORT WHITE, FL 32038 D

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BUSHNELL, JAY  
Address: 15639 NW 46TH LANE  
City-St-Zip: CHIEFLAND, FL 32626

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SEC (X) Change ( ) Addition  
Name: STEPHENS, JOAN  
Address: 5239SW CR 313  
City-St-Zip: TRENTON, FL 32693

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARSHALL BARNARD

TREA

04/27/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date