


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90015 002 \*\*\*\*61.25

<b>DOCUMENT # N02000001335</b>					
<b>1. Entity Name</b> FRIENDS AND VOLUNTEERS OF REFUGES (FAVOR) - LOWER SUWANEE AND CEDAR KEYS, INC.					
<b>Principal Place of Business</b> 16450 NW 31ST PLACE CHIEFLAND, FL 32626			<b>Mailing Address</b> P O BOX 1306 CHIEFLAND, FL 32644		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 59-3718472	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
STEPHENS, JOAN 5239 SW CR 313 TRENTON, FL 32693			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete BUSHNELL, JAY 15639 NW 46TH LANE CHIEFLAND, FL 32626		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete STEPHENS, JOAN 5239SW C.R.313 TRENTON, FL 32625		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARGY VANLANDINGHAM PO BOX 958 CEDAR KEY FL 32625	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete MATTSON, ROB RT. 13 BOX 1019B LAKE CITY, FL 32055		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1300 HUDSON 5221 NW 119 ST GAINESVILLE FL 32653	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	SEC <input type="checkbox"/> Delete STEPHENS, JOAN 5239SW CR 313 TRENTON, FL 32693		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JOAN STEPHENS 5239 SW CR 313 TRENTON FL 32693	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete BARNARD, MARSHALL 492SW COLLINS LANE FORT WHITE, FL 32038		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BARNARD, LOYE 492 SW COLLINS LANE FORT WHITE, FL 32038		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Joan Stephens</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			JOAN STEPHENS 4/21/08 352-463-1095		