

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90084 015 \*\*\*\*61.25

**DOCUMENT # N02000004972**

1. Entity Name

**SUWANNEE COUNTY ANIMAL CONTROL GOVERNING BOARD, INC.**



Principal Place of Business

11150 144TH ST  
MC ALPIN FL 32062

Mailing Address

11150 144TH ST  
MC ALPIN FL 32062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

43-1976610

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MANGELS, EMELYN**  
11150 144TH ST  
MC ALPIN FL 32062

Name JOSEPH A. BROWN

Street Address (P.O. Box Number is Not Acceptable)

11150 144TH ST

City MC ALPIN

FL

Zip Code  
32062

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

JOSEPH A BROWN

Joseph A Brown

Feb 25, 2005

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HUNTER, ROGER W	
STREET ADDRESS	25695 83RD ROAD	
CITY-ST-ZIP	BRANFORD FL 32008	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, JOSEPH A	
STREET ADDRESS	17709 10TH TERRACE	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUNTER, JANIS G	
STREET ADDRESS	25695 83RD ROAD	
CITY-ST-ZIP	BRANFORD FL 32008	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANGELS, EMELYN	
STREET ADDRESS	28090 79TH ROAD	
CITY-ST-ZIP	BRANFORD FL 32008	
TITLE	D	<input type="checkbox"/> Delete
NAME	HATCH, WALTER R	
STREET ADDRESS	26850 STATE ROAD 247	
CITY-ST-ZIP	BRANFORD FL 32008	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALDREE, REBECCA	
STREET ADDRESS	PO BOX 6002	
CITY-ST-ZIP	LIVE OAK FL 32064	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	LAMB SUSAN K	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	18778 66TH ST	
STREET ADDRESS	LIVE OAK FL 32060	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Joseph A Brown

JOSEPH A BROWN

Feb 25, 2005

386  
208-0073

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #