

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004972

FILED
Jan 06, 2009
Secretary of State

Entity Name: SUWANNEE COUNTY ANIMAL CONTROL GOVERNING BOARD, INC.

Current Principal Place of Business:

11150 144TH ST
MC ALPIN, FL 32062

New Principal Place of Business:

Current Mailing Address:

11150 144TH ST
MC ALPIN, FL 32062

New Mailing Address:

FEI Number: 43-1976610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, JOSEPH
11150 144TH ST
MC ALPIN, FL 32062 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: D () Delete
Name: LAMB, SUSAN K
Address: 9661 135 DR
City-St-Zip: LIVE OAK, FL 32060

Title: D () Delete
Name: BROWN, JOSEPH A
Address: 17709 10TH TERRACE
City-St-Zip: LIVE OAK, FL 32060

Title: D () Delete
Name: HUNTER, JANIS G
Address: 25695 83RD ROAD
City-St-Zip: BRANFORD, FL 32008

Title: D () Delete
Name: SMITH, ANA MARIE
Address: 20461 133TH DR.
City-St-Zip: O BRIEN, FL 32071

Title: D () Delete
Name: HUNTER, ROGER W
Address: 25695 83RD ROAD
City-St-Zip: BRANFORD, FL 32008

Title: D () Delete
Name: BALDREE, REBECCA
Address: PO BOX 6002
City-St-Zip: LIVE OAK, FL 32064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BALDREE, REBECCA
Address: 11036 71ST DR.
City-St-Zip: LIVE OAK, FL 32060

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

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

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

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

Title: D (X) Change () Addition
Name: MILLER, LORI
Address: 14554 CR 252
City-St-Zip: LIVE OAK, FL 32060

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: JOSEPH A BROWN

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01/06/2009

Electronic Signature of Signing Officer or Director

Date