

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000008296	
1. Entity Name SUWANNEE RIVER LEAGUE OF CITIES, INCORPORATED.	
Principal Place of Business 286 NE COUNTY RD 255 LEE, FL 32059	Mailing Address P O BOX 68 LEE, FL 32059



01142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0208186	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ARCHAMBAULT, CHERYL 286 NE COUNTY RD 255 LEE, FL 32059	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2005**

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	DP NOBLE, GARTH (SONNY) 101 SE WHITE AVE LIVE OAK, FL 32064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VALENTINE, MYRA 200 NW 1ST PL MADISON, FL 32340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CONE, JENNIFER P O BOX 1148 JASPER, FL 32058
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ARCHAMBAULT, CHERYL 286 NE COUNTY RD 255 LEE, FL 32059
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/24/05-80092-020 70.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/05

850 971-5867