


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000008296</b> 1. Entity Name <b>SUWANNEE RIVER LEAGUE OF CITIES, INCORPORATED.</b>	
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Principal Place of Business <b>286 NE COUNTY RD 255 LEE, FL 32059</b>	Mailing Address <b>P O BOX 68 LEE, FL 32059</b>
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**DO NOT WRITE IN THIS SPACE**



02022006 No Chg-NP CR2E037 (11/05)

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

6. Name and Address of Current Registered Agent  <b>ARCHAMBAULT, CHERYL 286 NE COUNTY RD 255 LEE, FL 32059</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000434289</b> <b>02/24/06-80057-006 70.00</b>
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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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IN THIS SPACE**

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.

**SIGNATURE:** *Cheryl Archambault* **2/13/06 858-971-5867**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone