

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N03000008296</b>	
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



01142008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 30-0208186	Applied For Not Applicable
5. Certificate of Status Desired <input 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**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

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	DT ARCHAMBAULT, CHERYL 286 NE COUNTY RD 255 LEE, FL 32059
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP CLARK, SHIRLEY PO BOX 599 BRANFORD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000784703  
01/28/08-89018-014 61.25

**DO NOT WRITE  
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* Cheryl Archambault

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #