

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008296

FILED
Mar 06, 2009
Secretary of State

Entity Name: SUWANNEE RIVER LEAGUE OF CITIES, INCORPORATED.

Current Principal Place of Business:

286 NE COUNTY RD 255
LEE, FL 32059

New Principal Place of Business:

Current Mailing Address:

P O BOX 68
LEE, FL 32059

New Mailing Address:

FEI Number: 30-0208186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARCHAMBAULT, CHERYL
286 NE COUNTY RD 255
LEE, FL 32059 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: DP () Delete
Name: NOBLE, GARTH (SONNY)
Address: 101 SE WHITE AVE
City-St-Zip: LIVE OAK, FL 32064

Title: DP () Delete
Name: VALENTINE, MYRA
Address: 200 NW 1ST PL
City-St-Zip: MADISON, FL 32340

Title: DT () Delete
Name: ARCHAMBAULT, CHERYL
Address: 286 NE COUNTY RD 255
City-St-Zip: LEE, FL 32059

Title: 2VP () Delete
Name: CLARK, SHIRLEY
Address: PO BOX 599
City-St-Zip: BRANFORD, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PP (X) Change () Addition
Name: SONNY, NOBLES
Address: 101 SE WHITE AVE
City-St-Zip: LIVE OAK, FL 32064

Title: P (X) Change () Addition
Name: VALENTINE, MYRA
Address: 200 NW 1ST PL
City-St-Zip: MADISON, FL 32340

Title: T (X) Change () Addition
Name: ARCHAMBAULT, CHERYL
Address: 286 NE COUNTY RD 255
City-St-Zip: LEE, FL 32059

Title: 1VP (X) Change () Addition
Name: CLARK, SHIRLEY
Address: PO BOX 599
City-St-Zip: BRANFORD, FL

Title: 2VP () Change (X) Addition
Name: O'NEAL, PAT
Address: P.O. BOX 339
City-St-Zip: CEDAR KEY, FL 32625 US

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: CHERYL ARCHAMBAULT

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03/06/2009

Electronic Signature of Signing Officer or Director

Date