2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N04000005238

Entity Name: SUWANNEE VALLEY YOUTH ADVOCACY PARTNERSHIP, INC.

Current Principal Place of Business:

813 PINEWOOD WAY SW
LIVE OAK, FL 32064

New Principal Place of Business:

Current Mailing Address:

200 MARYMAC STREET
LIVE OAK, FL 32064

New Mailing Address:

FEI Number: 73-1706086 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAYLOR, MARY
200 MARYMAC ST
LIVE OAK, FL 32064 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:	TAYLOR, MARY	
Address:	200 MARYMAC ST	
City-St-Zip:	LIVE OAK, FL 32064	
Title:	BM	( ) Delete
Name:	DANIELS, JORDAN	
Address:	200 MARYMAC ST	
City-St-Zip:	LIVE OAK, FL 32060	
Title:	BM	( ) Delete
Name:	SCHNEITMAN, JENNA SHEA	
Address:	200 MARYMAC ST	
City-St-Zip:	LIVE OAK, FL 32064	
Title:	BM	( ) Delete
Name:	CODY, BRIAN	
Address:	200 MARYMAC ST	
City-St-Zip:	LIVE OAK, FL 32064	
Title:	BM	( ) Delete
Name:	PATEL, KIRAN	
Address:	200 MARYMAC ST	
City-St-Zip:	LIVE OAK, FL 32064	
Title:	BM	( ) Delete
Name:	FLANAGAN, JAY	
Address:	200 MARYMAC ST	
City-St-Zip:	LIVE OAK, FL 32064	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MARY TAYLOR D 04/30/2008

Electronic Signature of Signing Officer or Director — Date