

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007850

FILED  
Apr 22, 2006  
Secretary of State

Entity Name: SUWANNEE SOCIAL SERVICES, INC.

## Current Principal Place of Business:

1007 WEST HOWARD STREET  
LIVE OAK, FL 32064

## New Principal Place of Business:

1220 SW WALKER AVE  
SUITE 101  
LIVE OAK, FL 32064

## Current Mailing Address:

PO BOX 535  
LIVE OAK, FL 32064

## New Mailing Address:

FEI Number: 20-1469855

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HARRELL, ANDREW M SR  
1007 WEST HOWARD STREET  
LIVE OAK, FL 32064 US

## Name and Address of New Registered Agent:

HARRELL, ANDREW M SR  
1220 SW WALKER AVE  
SUITE 101  
LIVE OAK, FL 32064 US

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:

04/22/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HARRELL, ANDREW M SR  
Address: 10333 124TH STREET  
City-St-Zip: LIVE OAK, FL 32060

Title: V ( ) Delete  
Name: HARRELL, LEAH P  
Address: 10333 124TH STREET  
City-St-Zip: LIVE OAK, FL 32060

Title: TS ( ) Delete  
Name: PALMER, JOHN C  
Address: 8817 135TH LOOP  
City-St-Zip: LIVE OAK, FL 32060

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TS (X) Change ( ) Addition  
Name: PALMER, JOHN C  
Address: 13975 CR 136  
City-St-Zip: LIVE OAK, FL 32060

I hereby certify that the information supplied with this filing does not qualify for the 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: ANDREW M HARRELL

P

04/22/2006

Electronic Signature of Signing Officer or Director

Date