

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007850

FILED
Feb 23, 2009
Secretary of State

Entity Name: SUWANNEE SOCIAL SERVICES, INC.

Current Principal Place of Business:

609 5TH ST. SW
STE. 3
LIVE OAK, FL 32064

New Principal Place of Business:

Current Mailing Address:

609 5TH ST. SW
STE. 3
LIVE OAK, FL 32064

New Mailing Address:

P.O. BOX 535
LIVE OAK, FL 32064

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
1220 SW WALKER AVE
SUITE 101
LIVE OAK, FL 32064 US

Name and Address of New Registered Agent:

HARRELL, ANDREW M SR
609 5TH ST SW
SUITE 3
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: ANDREW M. HARRELL SR.

02/23/2009

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: VANN, ELIZABETH
Address: 18919 136TH ST
City-St-Zip: LIVE OAK, FL 32060

Title: S () Delete
Name: DA SILVA, EDWARD
Address: 4821 85TH RD
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: () 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: ANDREW M. HARRELL SR.

PRES

02/23/2009

Electronic Signature of Signing Officer or Director

Date