

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000007850

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** SUWANNEE SOCIAL SERVICES, INC.

**Current Principal Place of Business:**

609 5TH ST. SW  
STE. 2  
LIVE OAK, FL 32064

**New Principal Place of Business:**

831 SW PINWOOD DRIVE  
LIVE OAK, FL 32064

**Current Mailing Address:**

P.O. 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  
609 5TH ST SW  
SUITE 2  
LIVE OAK, FL 32064 US

**Name and Address of New Registered Agent:**

HARRELL, ANDREW M SR  
831 SW PINWOOD DRIVE  
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:

04/11/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

Title: S  
Name: DA SILVA, EDWARD  
Address: 4821 85TH RD  
City-St-Zip: LIVE OAK, FL 32060

I hereby 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 all other like empowered.

SIGNATURE: ANDREW M. HARRELL SR.

CEO

04/11/2012

Electronic Signature of Signing Officer or Director

Date