

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90075 014 ****61.25

DOCUMENT # N04229

1. Entity Name

SUWANNEE VALLEY HUMANE SOCIETY, INC.



Principal Place of Business

#1156 SE BISBEE LOOP
MADISON FL 32340

Mailing Address

(PO BOX 68
LIVE OAK FL 32064) *VOID*
changed to ↓

2. Principal Place of Business

3. Mailing Address

1156 S.E. Bisbee Loop

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Madison, FL 32340

Zip

Country

Zip

Country

4. FEI Number

59-2458039

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALABRESE, JEAN
9043 141ST DRIVE
LIVE OAK FL 32060

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jean Calabrese, Treasurer Jan. 23 2006

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME GALE, ROBERT J
STREET ADDRESS 1444 MYRTLE AVE.
CITY-ST-ZIP LIVE OAK FL 32060

TITLE VD ☐ Delete
NAME SOLES, LIEXIE L
STREET ADDRESS 16769 - 180TH ST.
CITY-ST-ZIP LIVE OAK FL 32060

TITLE SD ☐ Delete
NAME CALABRESE, PAULINE
STREET ADDRESS 820 CHURCH AVE
CITY-ST-ZIP LIVE OAK FL 32060

TITLE T ☐ Delete
NAME CALABRESE, JEAN
STREET ADDRESS 9043 141ST DRIVE
CITY-ST-ZIP LIVE OAK FL 32060

TITLE VSD ☐ Delete
NAME MURPHY, BETTY
STREET ADDRESS 5914 191 ST ROAD
CITY-ST-ZIP LIVE OAK FL 32060

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jean Calabrese, Treasurer

*(866)
1-23-06 336-7812*