

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04229

FILED
Jul 04, 2008
Secretary of State

Entity Name: SUWANNEE VALLEY HUMANE SOCIETY, INC.

Current Principal Place of Business:

1156 SE BISBEE LOOP
MADISON, FL 32340

New Principal Place of Business:

Current Mailing Address:

1156 SE BISBEE LOOP
MADISON, FL 32340

New Mailing Address:

FEI Number: 59-2458039 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CALABRESE, JEAN
SUWANNEE VALLEY HUMANE SOCIETY, INC.
1156 SE BISBEE LOOP
MADISON, FL 32340 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GALE, ROBERT J
Address: 1444 MYRTLE AVE.
City-St-Zip: LIVE OAK, FL 32060

Title: VD () Delete
Name: SOLES, LIEXIE L
Address: 16769 - 180TH ST.
City-St-Zip: LIVE OAK, FL 32060

Title: SD () Delete
Name: CALABRESE, PAULINE
Address: 820 CHURCH AVE
City-St-Zip: LIVE OAK, FL 32060

Title: T () Delete
Name: CALABRESE, JEAN
Address: 9043 141ST DRIVE
City-St-Zip: LIVE OAK, FL 32060

Title: VSD () Delete
Name: MURPHY, BETTY
Address: 5914 191 ST ROAD
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: SD (X) Change () Addition
Name: CALABRESE, PAULINE
Address: 820 CHURCH AVE
City-St-Zip: LIVE OAK, FL 32064

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: LEXIE L. SOLES

VP

07/04/2008

Electronic Signature of Signing Officer or Director

Date