

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04229

FILED  
Mar 21, 2009  
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 ( )

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

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

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

SOLES, LEXIE L VP  
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: LEXIE L. SOLES

03/21/2009

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, LEXIE 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 32064

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: HUTCHINSON, MARJORIE  
Address: 328 SW SUMERSET  
City-St-Zip: MADISON, FL 32340

Title: T (X) Change ( ) Addition  
Name: TIMMERMAN, JOANN  
Address: 4812 153RD RD.  
City-St-Zip: LIVE OAK, FL 32060

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

03/21/2009

Electronic Signature of Signing Officer or Director

Date