

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000000335

FILED  
Apr 21, 2011  
Secretary of State

**Entity Name:** SUWANNEE VALLEY FORECLOSURE MEDIATION, INC.

**Current Principal Place of Business:**

106 WHITE AVE. S.E., STE C  
LIVE OAK, FL 32064

**New Principal Place of Business:**

106 WHITE AVE. S.E.  
SUITE C  
LIVE OAK, FL 32064

**Current Mailing Address:**

P.O. BOX 6126  
LIVE OAK, FL 32064

**New Mailing Address:**

**FEI Number:** 27-1710936

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LUNSFORD, KEVIN C  
106 WHITE AVE. S.E., STE C  
LIVE OAK, FL 32064 US

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

LUNSFORD, KEVIN C  
106 WHITE AVE. S.E.  
SUITE C  
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: KEVIN C. LUNSFORD

04/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: LUNSFORD, KEVIN C  
Address: P.O. BOX 6126  
City-St-Zip: LIVE OAK, FL 32064 US

Title: D  
Name: LUNSFORD, HEATHER S  
Address: P.O. BOX 6126  
City-St-Zip: LIVE OAK, FL 32064 US

Title: D  
Name: CERYAK, BARBARA  
Address: 2217 N. CENTRAL AVENUE  
City-St-Zip: FLAGLER BEACH, FL 32136 US

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: KEVIN C. LUNSFORD

DIR

04/21/2011

Electronic Signature of Signing Officer or Director

Date