

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12737

FILED
Mar 30, 2006
Secretary of State

Entity Name: SUWANNEE VALLEY COMMUNITY COORDINATED CHILD CARE, INC.

Current Principal Place of Business:

236 SW COLUMBIA AVE
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2637
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: 59-2639371 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WARD, MICHELE
331 N. W. MISSION RIDGE CT.
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

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: P () Delete
Name: WOODRUM, MELISSA
Address: 807 COLISEUM AVENUE
City-St-Zip: LIVE OAK, FL 32060

Title: V () Delete
Name: BULLARD, J R
Address: 100 SO OHIO AVE
City-St-Zip: LIVE OAK, FL 32064

Title: D () Delete
Name: LAW, RANDY,
Address: 307 SW JOHN STREET
City-St-Zip: LIVE OAK, FL

Title: T () Delete
Name: LIEBFRIED, KEITH
Address: 804 SO OHIO AVE
City-St-Zip: LIVE OAK, FL 32064

Title: S () Delete
Name: HALEY, JO
Address: RT 19 BOX 1030
City-St-Zip: LAKE CITY, FL 32025

Title: SD () Delete
Name: WARD, MICHELE
Address: 331 N W MISSION RIDGE CT.
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WOODRUM, MELISSA
Address: 807 COLISEUM AVENUE
City-St-Zip: LIVE OAK, FL 32060

Title: D (X) Change () Addition
Name: BULLARD, J R
Address: 100 SO OHIO AVE
City-St-Zip: LIVE OAK, FL 32064

Title: V (X) Change () Addition
Name: LAW, RANDY
Address: 307 SW JOHN STREET
City-St-Zip: LIVE OAK, FL 32060

Title: T (X) Change () Addition
Name: LIEBFRIED, KEITH
Address: 326 WESTMORELAND ST.
City-St-Zip: LIVE OAK, FL 32060

Title: P (X) Change () Addition
Name: HALEY, JO
Address: P.O. BOX 1385
City-St-Zip: LAKE CITY, FL 32056

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHELE WARD

ED

03/30/2006

Electronic Signature of Signing Officer or Director

_____ Date