

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90049 039 ****61.25

DOCUMENT # N17145

1. Entity Name
**VOICES FOR CHILDREN OF THE SUWANNEE VALLEY
CORPORATION**



Principal Place of Business
**609 5TH STREET, SOUTHWEST, STE 6
LIVE OAK, FL 32064**

Mailing Address
**609 5TH STREET, SOUTHWEST, STE 6
LIVE OAK, FL 32064**

50005962



01122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2864415	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KINSEY, DEBRA E
609 5TH STREET, SOUTHWEST, STE 6
LIVE OAK, FL 32064**

**DO NOT WRITE
IN THIS SPACE**

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: *Debra E. Kinsey* *Debra E. Kinsey* *1-13-05*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GOOTEE, BILL
STREET ADDRESS	667 SW DYAL AVE.
CITY-ST-ZIP	LAKE CITY, FL 32024

TITLE	VD
NAME	CERYAK, BARBARA
STREET ADDRESS	5127 62ND ST.
CITY-ST-ZIP	LIVE OAK, FL 32060

TITLE	TD
NAME	VIELE, MARGARET
STREET ADDRESS	PO BOX 1376
CITY-ST-ZIP	OLD TOWN, FL 32680

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Debra E. Kinsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-05 *386-364-7720*
Date Daytime Phone #