

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90093 020 \*\*\*\*61.25

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<b>DOCUMENT # N17145</b> 1. Entity Name <b>VOICES FOR CHILDREN OF THE SUWANNEE VALLEY CORPORATION</b>			
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	
2. Principal Place of Business - No P.O. Box # <b>213 Howard ST. E</b> Suite, Apt. #, etc.		3. Mailing Address <b>213 Howard ST. E</b> Suite, Apt. #, etc.	
City & State <b>Live Oak, FL</b> Zip Country <b>32064 FL</b>		City & State <b>Live Oak, FL</b> Zip Country <b>32064 FL</b>	
4. FEI Number <b>59-2864415</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KINSEY, DEBRA E</b> <b>609 5TH STREET, SOUTHWEST, STE 6</b> <b>LIVE OAK, FL 32064</b>		7. Name and Address of New Registered Agent Name <b>Kinsey, Debra E.</b> Street Address (P.O. Box Number is Not Acceptable) <b>213 Howard Street East</b> City <b>Live Oak</b> <b>FL</b> Zip Code <b>32064</b>	
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 <b>Debra E. Kinsey</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		SIGNATURE <b>Debra E. Kinsey</b> <small>(NOTE: Registered Agent signature required when registering)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	VD CANNON, GAYLE 541 SE ROLLING HILLS DR LAKE CITY, FL 32025	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	PD CERYAK, BARBARA 5127 62ND ST. LIVE OAK, FL 32060	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	TD BLACKWELL, LORI 444 SE HERNANDO AVE LAKE CITY, FL 32025	TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <b>Debra E. Kinsey</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>1-22-07</b> Daytime Phone # <b>386 364-7720</b>	