

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 06 1996 8:00 am
Secretary of State

DOCUMENT # N25784 (2)

1. Corporation Name

SUWANNEE RIVER RESOURCE CONSERVATION AND DEVELOPMENT COUNCIL, INC.

Principal Place of Business

Mailing Address

304 S. AVE
304 S. AVENUE
LIVE OAK FL 32060

304 S. AVE
304 S. AVENUE
LIVE OAK FL 32060



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/01/1988		3a. Date of Last Report 02/10/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2510229		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOHNSON, VERNEIL 304 S OHIO AVENUE LIVE OAK FL 32060				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and date of appointment (NOTE: Registered Agent's signature required when not stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P D <input type="checkbox"/> DELETE	11 TITLE	Vice President D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, VERNEIL	12 NAME	ELLIOTT SCOTT
STREET ADDRESS	RT 5 BOX 187 N/A	13 STREET ADDRESS	PO BOX 6104 N/A
CITY-ST-ZIP	LIVE OAK FL	14 CITY-ST-ZIP	LIVE OAK FL
TITLE	VPD <input checked="" type="checkbox"/> DELETE	21 TITLE	Registered Agent D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWNING, TOM	22 NAME	RT 8 BOX 452
STREET ADDRESS	RT 4, BOX 335 N/A	23 STREET ADDRESS	Lake City, FL
CITY-ST-ZIP	LAKE CITY FL	24 CITY-ST-ZIP	
TITLE	T D <input type="checkbox"/> DELETE	31 TITLE	
NAME	THOMAS, EDWARD	32 NAME	
STREET ADDRESS	RT 1 BOX 331	33 STREET ADDRESS	
CITY-ST-ZIP	MAYO FL	34 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	41 TITLE	
NAME	SCOTT, ELLIOTT	42 NAME	
STREET ADDRESS	P O BOX 6104 N/A	43 STREET ADDRESS	100001771891
CITY-ST-ZIP	LIVE OAK FL	44 CITY-ST-ZIP	-04/08/96--01025--004
TITLE	D <input checked="" type="checkbox"/> DELETE	51 TITLE	
NAME	VAUGHN, LEWIS	52 NAME	
STREET ADDRESS	P.O. BOX 60 (NA)	53 STREET ADDRESS	
CITY-ST-ZIP	JASPER FL	54 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	61 TITLE	
NAME	KING, CLYDE	62 NAME	
STREET ADDRESS	ROUTE 3 BOX 85 N/A	63 STREET ADDRESS	
CITY-ST-ZIP	GREENSVILLE FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Verneil Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-0-96 901-364-4278
Date Date Phone

CR2E037 (12/95)

24-6-96