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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90011 039 ****61.25

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1. Corporation Name

SUWANNEE RIVER RESOURCE CONSERVATION AND DEVELOP MENT COUNCIL, INC.

Principal Plac	e of Business	Mailing Address						
304 S. AVE		304 S. AVE			1 10011191 010 11004 61111 19601 10	 		NI 19 1 5 (111
304 S. AVENL		304 S. AVENUE						
LIVE OAK FL	32060	LIVE OAK FL 32060			L CORRIGE CLA LLEGE CIRIL FORRE LAL	ti etāt ātāti atāļi	l Bibli Bibli Bil	ili alalı lâtl
							•	
2 Principal P	lace of Business	2a. Mailing Address			3. Date incorporated or Qualifed			
	iace of Business	26 Walling Address			04/01/1988			
Suite, Apt.	# etc	Suite, Apt. #, etc.			4. FEI Number		Apr	offed For
22	n, oto.	27			59-2510229		 	Applicable
City & Stat	.e	City & State					\$8.75 A	
23 28		5. Certificate of Status Desired		Fee Red				
Zip	Country	Zip	Country		6. Election Campaign Financing		\$5.00	May Be
24	25	29	30		Trust Fund Contribution		Added to	
	9. Name and Address of Cu				10. Name and Address of New F	Registered A	gent	
			81	Name				
POPE, RL	JSSF11		82	Street Addre	ss (P.O. Box Number is Not Accepta	able)		
304 S OF			102	Sileet Addre	iss (F.O. Box Number is Not Accepte	1019)		
	FL 32060		83			· · · · · · · · · · · · · · · · · · ·		
2,12 0,11			-	0"			Teel Bin O	
			84	City		FL	85 Zip C	900 8
11. Pursuant	to the provisions of Sections 617.	.0502 and 617.1508, Florida Statutes	s, the above-r	named corpo	ration submits this statement for the	nu=000 of ol	hanging its i	registered
office or r	egistered agent, or both, in the Si on familiar with and acceptable of	tate of Florida. Such change was autoligations of Section 617 0503. Flori	thorized by th	e corporation	n's board of directors. I hereby accep	ot the appoint	ment as reg	istered
ſ		Signification, Section 617.5333, From	aa 0(pta100,		125	49		1
SIGNATURE	Signature, Wheel or printed name of registered	d agent and title if applicable. (NOTE: F	Registered Agent s	ignature required	when reinstating)	DATE		
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTOR	RS IN 12
1								
TITLE	PD	☐ DELETE	1.1 TITLE				Change	Addition
TITLE NAME		☐ DELETE	4				Change	Addition
1	PD	☐ DELETE	1.1 TITLE	DDRESS			Change	Addition
NAME	PD POPE, RUSSELL	□ DELETE	1.1 TITLE 1.2 NAME				Change	Addition
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14. 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 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, with all other like empowered.

SIGNATURE: >