

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N25784**

1. Entity Name  
**SUWANNEE RIVER RESOURCE CONSERVATION AND  
DEVELOPMENT COUNCIL, INC.**



Principal Place of Business  
**234 COURT STREET SE  
LIVE OAK, FL 32064**

Mailing Address  
**234 COURT STREET SE  
LIVE OAK, FL 32064**



01052004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2510229**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**POPE, RUSSELL  
234 COURT STREET SE  
LIVE OAK, FL 32060**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD POPE, RUSSELL P.O. BOX P N/A LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ODGEN, RUFUS PO BOX 603 WELLBORN, FL 32094
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD RUSSELL, BRYANT 5320 HEATHER WRIGHT LN PERRY, FL 32348
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DEAS, JON 5854 NW CR 146 JENNINGS, FL 32053
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/08/04-80015-021 61.25

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Russell Pope* **Russell Pope President**

Date

**1-7-04**

Daytime Phone #

**386-364-4278**