2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** DOCUMENT # N25784 Feb 03, 2006 08:00 AM 1. Entity Name Secretary of State SUWANNEE RIVER RESOURCE CONSERVATION AND DEVELOPMENT COUNCIL, INC. Principal Place of Business Mailing Address 234 COURT STREET SE 234 COURT STREET SE LIVE OAK FL 32064 LIVE OAK FL 32064 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-2510229 Not Applicat! \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name POPE, RUSSELL Street Address (P.O. Box Number is Not Acceptable) 234 COURT STREET SE LIVE OAK FL 32060 Z)p Code City 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 (NOTE Registered Agent signature required when reinstating) Signature typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State ... Due By May 1, 2006 AND DIRECTORS IN 10 ADDITIONS/CHÁNĞI OFFICERS AND DIRECTORS 11. 10. Addition PD 02/11/06-80108-02 61.25 ☐ Delete TITLE TITLE POPE, RUSSELL NAME NAME P.O. BOX P N/A STREET ADDRESS STREET ADDRESS LIVE OAK FL 32060 CITY - ST- ZIP CITY -ST-ZIP Change T Addition Delete TITLE TITLE ODGEN, RUFUS NAME NAME PO BOX 603 STREET ADDRESS STREET ADDRESS WELLBORN FL 32094 CITY-ST-ZIP CMY-ST-ZIP Action. ☐ Delete ☐ Change TITLE TITLE NAME RUSSELL, BRYANT NAME STREET ADDRESS 5320 HEATHER WRIGHT LN STREET ADDRESS PERRY FL 32348 CITY-ST-ZIP CITY-ST-7IP Change □ ∀√√. TITLE ☐ Defete UNE m DEAS, JON NAME STREET ADDRESS 5854 NW CR 146 STREET ADDRESS City - ST - ZIP JENNINGS FL 32053 CITY-ST-ZIP ☐ Change Addisin ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P ☐ Change - [ ] A. J. S. S. ☐ Delete TITLE 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 quality for the exemptions contained in Section 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 direction 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 1 if changed, or on an attachment with an address, with all other like empowered.