

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 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**



01072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--|
| 4. FEI Number 59-2510229 | Applied For <input type="checkbox"/> 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, 2008**

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 | P POPE, RUSSELL 1606 CANYON AVE 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 | |

U00000781130
01/15/08-80018-011 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Russell Pope **Russell Pope** **1-9-08** **386-364-4278**