2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# N25784

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

Current Principal Place of Business:

234 COURT STREET SE
LIVE OAK, FL 32064

New Principal Place of Business:

Current Mailing Address:

234 COURT STREET SE
LIVE OAK, FL 32064

New Mailing Address:

FEI Number: 59-2510229 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

POPE, RUSSELL PRES.
234 COURT STREET SE
LIVE OAK, FL 32064 US

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.

SIGNATURE: FLORENCE GOZZARD 01/06/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: POPE, RUSSELL
Address: 1606 CANYON AVE
City-St-Zip: LIVE OAK, FL 32060

Title: SD ( ) Delete
Name: ODGEN, RUFUS
Address: PO BOX 603
City-St-Zip: WELLBORN, FL 32094

Title: VPD ( ) Delete
Name: RUSSELL, BRYANT
Address: 5320 HEATHER WRIGHT LN
City-St-Zip: PERRY, FL 32348

Title: TD ( ) Delete
Name: DEAS, JON
Address: 5854 NW CR 146
City-St-Zip: JENNINGS, FL 32053

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLORENCE GOZZARD ADM 01/06/2009
Electronic Signature of Signing Officer or Director Date