

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90008 020 ****61.25

DOCUMENT # N31345

1. Entity Name
SUWANNEE RIVER VALLEY CHRISTIAN ACADEMY
PRIVATE SCHOOL SYSTEM, INC.



DO NOT WRITE IN THIS SPACE

44048863

2. Principal Place of Business
8149 SW County RD 341
Suite, Apt. #, etc.

3. Mailing Address
8149 SW CR 341
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Trenton, FL US

City & State
Trenton, FL US

4. FEI Number 59-2905305

Applied For
Not Applicable

Zip Country
32693 Gilchrist

Zip Country
32693 Gilchrist

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Mucciarone, Liz

Street Address (P.O. Box Number is Not Acceptable)

904 S. Main ST.

City Trenton FL Zip Code 32693

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

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME D Rick Reed
STREET ADDRESS 4929 SW 35th. Trail
CITY-ST-ZIP Bell, FL 32619

TITLE
NAME D Mott, William
STREET ADDRESS P.O. Box 1427
CITY-ST-ZIP Old Town, FL 32680

TITLE
NAME D Davis, Tina
STREET ADDRESS 5400 SW CR 341
CITY-ST-ZIP Trenton, FL 32693

TITLE
NAME D Broom, James
STREET ADDRESS 5920 SW CR 307
CITY-ST-ZIP Trenton, FL 32693

TITLE
NAME D Ward, Lutrenda
STREET ADDRESS HC-3 Box 296
CITY-ST-ZIP Old Town, FL 32680

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 on an attachment with an address, with all other like empowered.

SIGNATURE: Liz Mucciarone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/04

Date

(352)463-1569

Daytime Phone #

CR2E037B (12/02)