

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31345

FILED  
Jan 19, 2007  
Secretary of State

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

**Current Principal Place of Business:**

8149 SW COUNTRY RD  
341  
TRENTON, FL 32693 US

**New Principal Place of Business:**

**Current Mailing Address:**

8149 SW COUNTRY RD  
341  
TRENTON, FL 32693 US

**New Mailing Address:**

**FEI Number:** 59-2905305

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MUCCIARONE, LIZ  
904 SO MAIN ST  
TRENTON, FL 32693 US

**Name and Address of New Registered Agent:**

PHILLIPS, DEBRA L  
482 NE 316 AVENUE  
OLD TOWN, FL 32680 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: DEBRA L. PHILLIPS

01/19/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: REED, RICK  
Address: 4929 SW 35TH TRAIL  
City-St-Zip: BELL, FL 32619

Title: D ( ) Delete  
Name: MOTT, WILLIAM  
Address: PO BOX 1427  
City-St-Zip: OLD TOWN, FL 32680

Title: D ( ) Delete  
Name: BROOM, JAMES  
Address: 5920 SW CR 307  
City-St-Zip: TRENTON, FL 32693

Title: D (X) Delete  
Name: WARD, LUTRENDIA  
Address: HC-3 BOX 296  
City-St-Zip: OLD TOWN, FL 32680

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: BROOM, JAMES  
Address: 10376 S.W. 101 AVENUE  
City-St-Zip: GAINESVILLE, FL 3608

Title: D (X) Change ( ) Addition  
Name: PETTREY, JACKIE  
Address: 560 S.W. CR 300  
City-St-Zip: MAYO, FL 32066

Title: D (X) Change ( ) Addition  
Name: CLARK, JOHN D  
Address: P. O. BOX 1682  
City-St-Zip: OLD TOWN, FL 32680

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBRA L. PHILLIPS

A

01/19/2007

Electronic Signature of Signing Officer or Director

Date