

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39126

FILED
Jan 07, 2004
Secretary of State

Entity Name: SUWANNEE FOUNDATION FOR EXCELLENCE IN EDUCATION, INC.

Current Principal Place of Business:

415 SW PINWOOD DRIVE
LIVE OAK, FL 32064

New Principal Place of Business:

Current Mailing Address:

415 SW PINWOOD DRIVE
LIVE OAK, FL 32064

New Mailing Address:

FEI Number: 59-3023133

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANIELS, NANCY
415 SW PINWOOD DRIVE
LIVE OAK, FL 32064

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C/D () Delete
Name: LEE, CAREY
Address: CORNER OF NEWBURN AND OHIO AVE.
City-St-Zip: LIVE OAK, FL 32064

Title: D () Delete
Name: BRASHEAR, RICH
Address: 309 COLONIAL ST.
City-St-Zip: LIVE OAK, FL 32064

Title: V/D () Delete
Name: TILLMAN, HARDY
Address: 11122 114TH TRAIL
City-St-Zip: LIVE OAK, FL 32060

Title: M () Delete
Name: DANIELS, NANCY
Address: 415 SW PINWOOD DRIVE
City-St-Zip: LIVE OAK, FL 32064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: PURDY, CAROLYN
Address: 8488 127TH DR.
City-St-Zip: LIVE OAK, FL 32060

Title: V/D (X) Change () Addition
Name: CROFT, NELDA
Address: 437 11TH ST.
City-St-Zip: LIVE OAK, FL 32064

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 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 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: CAREY LEE

D

01/07/2004

Electronic Signature of Signing Officer or Director

Date