## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N39126

FILED Jan 04, 2006 Secretary of State

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

Current Principal Place of Business: 415 SW PINEWOOD DRIVE LIVE OAK, FL 32064  Current Mailing Address:			New Principal Plac	New Principal Place of Business:  702 SECOND ST. LIVE OAK, FL 32064  New Mailing Address:	
			New Mailing Addre		
	PINEWOOD DR I, FL 32064	RIVE	702 SECOND ST. LIVE OAK, FL 32064	4	
El Number	r: 59-3023133	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
ame and	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
15 SW P	, NANCY PINEWOOD DR J., FL 32064	RIVE US	CROFT, HILLARY G 702 SECOND ST. LIVE OAK, FL 32064		
he above	e named entity:	submits this statement for the	ournose of changing its register	end office or registered agent or both	
	e of Florida.	submits this statement for the	ourpose of changing its register	ed office of registered agent, of both	
the Stat	e of Florida. RE: HILLARY	CROFT		ed office of registered agent, or both 01/04/2006	
the Stat	e of Florida. RE: HILLARY				
the Stat IGNATU	e of Florida. RE: HILLARY	CROFT nic Signature of Registered Ag	ent	01/04/2006	
the Stat	RE: HILLARY Electror S AND DIREC T LEE, CAREY	CROFT nic Signature of Registered Ag TORS: Delete  EWBURN AND OHIO AVE.	ent	01/04/2006 Date	
the Stat IGNATU FFICER tle: ame: ddress:	RE: HILLARY Electror S AND DIREC  T () LEE, CAREY CORNER OF N LIVE OAK, FL	CROFT nic Signature of Registered Ag TORS: Delete EWBURN AND OHIO AVE. 32064 Delete LYN R.	ent  ADDITIONS/CHANG  Title:  Name:  Address:	01/04/2006  Date  GES TO OFFICERS AND DIRECTO	
FFICER  cle: ame: ddress: ty-St-Zip: cle: ame: ddress:	e of Florida.  RE: HILLARY Electror  S AND DIREC  T ( ) LEE, CAREY CORNER OF N LIVE OAK, FL  VP ( ) PURDY, CARO 8488 127TH D LIVE OAK, FL	CROFT nic Signature of Registered Ag  TORS: Delete EWBURN AND OHIO AVE. 32064 Delete LYN R. 32060 Delete A	ent  ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	01/04/2006  Date  GES TO OFFICERS AND DIRECTO  ( ) Change ( ) Addition	

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: HILLARY CROFT ED 01/04/2006