


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2004 08:00 AM
Secretary of State

DOCUMENT # N46435 1. Entity Name SUWANNEE COMMUNITY DEVELOPMENT CORPORATION, INC.	
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Principal Place of Business 1451 MYRTLE AVE LIVE OAK, FL 32060 US	Mailing Address PO BOX 456 LIVE OAK, FL 32064 US
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DO NOT WRITE IN THIS SPACE



07112004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3163138	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCOOK, EDWIN J
1451 MYRTLE AVE
LIVE OAK, FL 32060

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000165975 07/13/04-80003-023 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CALVITT, RICHARD W 804 S OHIO AVE LIVE OAK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURNHAM, GEORGE L JR RT 2 BOX 2992 LIVE OAK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCCOOK, EDWIN 1451 MYRTLE AVE LIVE OAK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edwin McCook 7/10/04 386 362-6154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #