

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N46435**

1. Entity Name  
**SUWANNEE COMMUNITY DEVELOPMENT  
CORPORATION, INC.**



Principal Place of Business  
**1451 MYRTLE AVE  
LIVE OAK, FL 32060 US**

Mailing Address  
**PO BOX 456  
LIVE OAK, FL 32064 US**



07122005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3163138**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000372709  
07/14/05-80003-016 61.25

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

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/12/05**

**386 362-1001**

Date

Daytime Phone #