
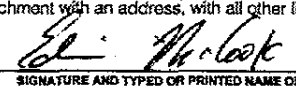


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 05, 2007 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	
DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALVITT, RICHARD W 10572 52ND TERRACE LIVE OAK, FL 32060	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNHAM, GEORGE L JR RT 2 BOX 2992 LIVE OAK, FL 32064	
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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		7/3/07 386 362-6154 <small>Date Daytime Phone #</small>



07042007 No Chg-NP CR2E037 (4/06)

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

U00000767155
07/06/07-80002-022 61.25

**DO NOT WRITE
IN THIS SPACE**