

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000002006 (5)**

1. Corporation Name

SUWANNEE VALLEY TRANSIT, INC.



Principal Place of Business

**1992 CEDAR STREET
CROSS CITY FL 32628**

Mailing Address

**P O BOX 1992
CROSS CITY FL 32628**

3. Date Incorporated or Qualified
04/30/1993

3a. Date of Last Report
02/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**GALLOWAY, T C
1992 CEDAR STREET
CROSS CITY FL 32628**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CBD	<input type="checkbox"/> DELETE
NAME	GALLOWAY, T C	
STREET ADDRESS	1992 CEDAR STREET	
CITY- ST- ZIP	CROSS CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PRIME, MONTI L	
STREET ADDRESS	P. O. BOX 1992 N/A	
CITY- ST- ZIP	CROSS CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, ANTHONY	
STREET ADDRESS	1992 CEDAR STREET	
CITY- ST- ZIP	CROSS CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARGAS, JOSEFINA	
STREET ADDRESS	P. O. BOX 1992 N/A	
CITY- ST- ZIP	CROSS CITY FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	MCNEIL, JEAN	
STREET ADDRESS	1992 CEDAR STREET	
CITY- ST- ZIP	CROSS CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCKENNEY, YVONNE	
STREET ADDRESS	1992 CEDAR STREET	
CITY- ST- ZIP	CROSS CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-15-96

352-498-1414

CR2E037 (12/95)