

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90159 004 ****61.25

DOCUMENT # N93000003095

1. Corporation Name

SAVE OUR SUWANNEE, INC.

Principal Place of Business

P.O. BOX 669
BELL FL 32619
US

Mailing Address

P.O. BOX 669
BELL FL 32619
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

07/02/1993

4. FEI Number

59-3193792

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LINSKOLD, SVENN
6400 N.W. 55TH ST
BELL FL 32619

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	VD	<input type="checkbox"/> DELETE
NAME	LINSKOLD, SVENN	
STREET ADDRESS	6400 NW 55 ST	
CITY-ST-ZIP	BELL FL 32619	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GAMBLE, STEVE	
STREET ADDRESS	7120 NW 50 ST	
CITY-ST-ZIP	BELL FL 32619	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	EMERSON, LEE	
STREET ADDRESS	RT 3 BOX 4870	
CITY-ST-ZIP	FT WHITE FL 32038	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEPHENS, JOAN	
STREET ADDRESS	5239 SW CR 313	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEWIS, DAVID	
STREET ADDRESS	RTE 1 BOX 367	
CITY-ST-ZIP	BRANFORD FL 32008	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLUGSTON, JAMES	
STREET ADDRESS	8408 SW 4 PL	
CITY-ST-ZIP	GAINESVILLE FL 32607	

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 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lee Emerson 2/4/99 (904) 755-1132

CR2E037 (11/98)