

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90549 033 ****61.25

DOCUMENT # N93000003095					
1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02102004 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-3193792	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LINDSKOLD, SVENN 6400 NW 55TH STREET BELL, FL 32619				Name DANIEL WALFORD Street Address (P.O. Box Number is Not Acceptable) 340 SW HARTFORD WAY City LAKE CITY FL Zip Code 32024	
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 DANIEL WALFORD - PRES <i>Daniel Walford</i> 4-22-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LINSKOLD, SVENN RT 2 BOX 4952 FORT WHITE, FL 32038	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOYE BARNARD 492 SW COLLINS LN FT WHITE, FL 32038	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEWIS, DAVID RT 1 BOX 367 BRANFORD, FL 32008	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	YD ANNETTE LONG 12651 NW 117TH AVE CHIEFLAND FL 32626	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEPHENS, JOAN 5239 S.W. CR. 313 TRENTON, FL 32693	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DANIEL WALFORD 340 SW HARTFORD WAY LAKE CITY FL 32024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANG, JOSEPH P.O BOX 927 OLD TOWN, FL 32680	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGIA SHERITZ 5880 NE 70TH ST HIGH SPRINGS, FL 32643	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONG, ANNETTE 12651 NW 117TH AVENUE CHIEFLAND, FL 32626	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARY DOCKTER 37226 NW 203 RD PLACE HIGH SPRINGS, FL 32643	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, BARBARA 22392 SR 47 FORT WHITE, FL 32038	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEN LAMMELL 22695 SR 47 LAKE CITY FL 32038	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Daniel Walford</i> DANIEL WALFORD 4-22-04 386-755-2216 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					