

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90063 037 \*\*\*\*61.25

<b>DOCUMENT # N93000003095</b> 1. Entity Name <b>SAVE OUR SUWANNEE, INC.</b>					
Principal Place of Business <b>P.O. BOX 669 BELL, FL 32619 US</b>			Mailing Address <b>P.O. BOX 669 BELL, FL 32619 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>WALFORD, DANIEL</b> <b>340 SW HARTFORD WAY</b> <b>LAKE CITY, FL 32024</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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: <u><i>Daniel Walford</i></u> <b>DANIEL WALFORD - PRES</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: <u>3-25-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		<b>Make check payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	YD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNARD, LOYE		NAME	BARNARD, LOYE	
STREET ADDRESS	492 SW COLLINS LN		STREET ADDRESS	492 SW COLLINS LN	
CITY-ST-ZIP	FORT WHITE, FL 32038		CITY-ST-ZIP	FORT WHITE, FL 32038	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, ANNETTE		NAME	LONG, ANNETTE	
STREET ADDRESS	12651 NW 117TH AVE		STREET ADDRESS	12651 NW 117TH AVE	
CITY-ST-ZIP	CHIEFLAND, FL 32628		CITY-ST-ZIP	CHIEFLAND, FL 32626	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHENS, JOAN		NAME	PAULA CUNNINGHAM	
STREET ADDRESS	5239 S.W. CR. 313		STREET ADDRESS	9120 NE 40TH CT RD	
CITY-ST-ZIP	TRENTON, FL 32693		CITY-ST-ZIP	HIGH-SPRINGS, FL 32643	
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	LANG, JOSEPH		NAME		
STREET ADDRESS	P.O BOX 927		STREET ADDRESS		
CITY-ST-ZIP	OLD TOWN, FL 32680		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		
NAME	WALFORD, DANIEL		NAME		
STREET ADDRESS	340 SW HARTFORD WAY		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 32024		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, BARBARA		NAME	KEN LAMMELL	
STREET ADDRESS	22392 SR 47		STREET ADDRESS	22695 SR 247	
CITY-ST-ZIP	FORT WHITE, FL 32038		CITY-ST-ZIP	LAKE CITY, FL 32038	
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: <u><i>Daniel Walford</i></u> <b>DANIEL WALFORD</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>3-25-05</u> Daytime Phone #: <u>386-755-2216</u>		