

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 21, 2006 08:00 AM**  
**Secretary of State**

<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>



02032006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3193792</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**WALFORD, DANIEL  
340 SW HARTFORD WAY  
LAKE CITY, FL 32024**

**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: *Daniel Walford - TRES* *DANIEL WALFORD* *7-14-06*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**U000000571739  
07/21/06-80010-011 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARNARD, LOYE 492 SW COLLINS LN FORT WHITE, FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LONG, ANNETTE 12651 NW 117TH AVE CHIEFLAND, FL 32626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEPHENS, JOAN 5239 S.W. CR. 313 TRENTON, FL 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANG, JOSEPH P.O BOX 927 OLD TOWN, FL 32680
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALFORD, DANIEL 340 SW HARTFORD WAY LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, BARBARA 22392 SR 47 FORT WHITE, FL 32038

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IN THIS SPACE**

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: *Daniel Walford - TRES* *DANIEL WALFORD* *7-14-06* *386-755-2216*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #