2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# N93000003095

Entity Name: SAVE OUR SUWANNEE, INC.

Current Principal Place of Business:

P.O. BOX 669
BELL, FL 32619 US

New Principal Place of Business:

12651 NW 117TH AVE
CHEIFLAND, FL 32626 US

Current Mailing Address:

P.O. BOX 669
BELL, FL 32619 US

New Mailing Address:

FEI Number: 59-3193792 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CYNTHIA, SANDLIN
233 SW MONTEGO AVE
LAKE CITY, FL 32024 US

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.

SIGNATURE: CYNTHIA SANDLIN 04/26/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: BARNARD, LOYE
Address: 492 SW COLLINS LN
City-St-Zip: FORT WHITE, FL 32038

Title: PD ( ) Delete
Name: LONG, ANNETTE
Address: 12651 NW 117TH AVE
City-St-Zip: CHIEFLAND, FL 32626

Title: SD ( ) Delete
Name: STEPHENS, JOAN
Address: 5239 S.W. CR. 313
City-St-Zip: TRENTON, FL 32693

Title: D ( ) Delete
Name: LANG, JOSEPH
Address: P.O BOX 927
City-St-Zip: OLD TOWN, FL 32680

Title: TD ( ) Delete
Name: WALFORD, DANIEL
Address: 340 SW HARTFORD WAY
City-St-Zip: LAKE CITY, FL 32024

Title: D ( ) Delete
Name: FERGUSON, BARBARA
Address: 22392 SR 47
City-St-Zip: FORT WHITE, FL 32038

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: WALFORD, DANIEL
Address: 340 SW HARTFORD WAY
City-St-Zip: LAKE CITY, FL 32024

Title: TD (X) Change ( ) Addition
Name: SANDLIN, CYNTHIA
Address: 233 SW MONTEGO AVE
City-St-Zip: LAKE CITY, FL 32024

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA SANDLIN TRES 04/26/2007
Electronic Signature of Signing Officer or Director Date