

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003095

FILED  
Apr 26, 2009  
Secretary of State

Entity Name: SAVE OUR SUWANNEE, INC.

## Current Principal Place of Business:

12651 NW 117TH AVE  
CHEIFLAND, FL 32626 US

## New Principal Place of Business:

## 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:

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

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

## OFFICERS AND DIRECTORS:

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

Title: TD ( ) Delete  
Name: SANDLIN, CYNTHIA  
Address: 233 SW MONTEGO AVE  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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 G. SANDLIN

MS

04/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date