

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

*Already paid  
accepted 3/11/05  
FILED  
05 APR -8 PM 12:58  
\$61.25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA*

<b>DOCUMENT # N95000001218</b> 1. Entity Name <b>SUWANNEE VALLEY GENEALOGY SOCIETY INC.</b>					
Principal Place of Business <b>COUNTY RECORD ANNEX-WILBUR ST P. O. BOX 967 LIVE OAK, FL 32060 US</b>			Mailing Address <b>PO BOX 967 LIVE OAK, FL 32064 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-3290133</b> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				02022005    Chg-NP    CR2E037 (10/03)	
6. Name and Address of Current Registered Agent  <b>BRIM, DONALD L 2621 W. SR. 235 BROOKER, FL 32622</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANCOCK, VIRGINIA E 6135 WIGGINS RD. LIVE OAK, FL 32060	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, WILLIAM H 624 SUWANNEE AVE LIVE OAK, FL 32060	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRIM, DONALD L. 2621 W SR 235 BROOKER, FL 32622	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PENNEY, CYNTHIA 934 WALKER AVE SW LIVE OAK, FL 32060	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Alice M. Bass 11443 113 <sup>th</sup> Rd. Live Oak, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANDERSON, MARY 576 NABOR AVE. LIVE OAK, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.					
<b>SIGNATURE:</b> <i>Donald L. Brim - Treasurer - Registered Agent</i> <b>2/9/05</b> <b>352 485-1647</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					