

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90239 012 ****61.25

DOCUMENT # N95000001218 1. Entity Name SUWANNEE VALLEY GENEALOGY SOCIETY INC.					
Principal Place of Business COUNTY RECORD ANNEX-WILBUR ST P. O. BOX 967 LIVE OAK, FL 32060 US			Mailing Address PO BOX 967 LIVE OAK, FL 32064 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-3290133	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				01092006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRIM, DONALD L 2621 W. SR. 235 BROOKER, FL 32622			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____					
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HANCOCK, VIRGINIA E		NAME		
STREET ADDRESS	6135 WIGGINS RD.		STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK, FL 32060		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WILLIAMS, WILLIAM H		NAME		
STREET ADDRESS	624 SUWANNEE AVE		STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK, FL 32060		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BRIM, DONALD L.		NAME		
STREET ADDRESS	2621 W SR 235		STREET ADDRESS		
CITY-ST-ZIP	BROOKER, FL 32622		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BASS, ALICE M		NAME		
STREET ADDRESS	11443 113TH RD		STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK, FL 32060		CITY-ST-ZIP		
TITLE	SD	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	ANDERSON, MARY		NAME		
STREET ADDRESS	576 NABOR AVE.		STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK, FL		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Donald L. Brim, TD</u> 1/9/2006 352-485-1647					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					