

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 08:00 AM**  
**Secretary of State**

**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**



02292008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3290133</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

**BRIM, DONALD L  
2621 W. SR. 235  
BROOKER, FL 32622**

**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 \_\_\_\_\_  
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, 2008**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANCOCK, VIRGINIA E 6135 WIGGINS RD. LIVE OAK, FL 32060
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, WILLIAM H 624 SUWANNEE AVE LIVE OAK, FL 32060
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SULLIVAN, JOHN C 121 HELVENSTON ST SE LIVE OAK, FL 32064
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BASS, ALICE M 11443 113TH RD LIVE OAK, FL 32060
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U000000890664  
04/22/08-80104-021 61.25

**DO NOT WRITE  
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:** Virginia E Hancock Virginia E Hancock 4/8/08 (386)362-5206  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #