2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# N95000001218

Entity Name: SUWANNEE VALLEY GENEALOGY SOCIETY INC.

Current Principal Place of Business:

COUNTY RECORD ANNEX-WILBUR ST
P. O. BOX 967
LIVE OAK, FL 32060 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 967
LIVE OAK, FL 32064 US

New Mailing Address:

FEI Number: 59-3290133 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRIM, DONALD L
2621 W, SR. 235
BROOKER, FL 32622 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: PD ( ) Delete
Name: HANCOCK, VIRGINIA E
Address: 6135 WIGGINS RD.
City-St-Zip: LIVE OAK, FL 32060

Title: VD ( ) Delete
Name: WILLIAMS, WILLIAM H
Address: 624 SUWANNEE AVE
City-St-Zip: LIVE OAK, FL 32060

Title: TD ( ) Delete
Name: SULLIVAN, JOHN C
Address: 121 HELVENSTON ST SE
City-St-Zip: LIVE OAK, FL 32064

Title: SD ( ) Delete
Name: BASS, ALICE M
Address: 11443 113TH RD
City-St-Zip: LIVE OAK, FL 32060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change ( ) Addition
Name: BASS, ALICE M
Address: 11443 113TH RD
City-St-Zip: LIVE OAK, FL 32060

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: ALICE M. BASS SD 03/12/2009
Electronic Signature of Signing Officer or Director — Date