

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000002952

1. Entity Name
BRANFORD'S RIVER REUNION COMMITTEE, INC.



Principal Place of Business
**22019 29TH ROAD
LAKE CITY, FL 32024 US**

Mailing Address
**P O BOX 24
BRANFORD, FL 32008 US**



07102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2922160

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TERRY, PEGGY
22019 29TH ROAD
LAKE CITY, FL 32024**

**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 restateing)

DATE _____

**Filing Fee is \$61.25
Due by September 12, 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	ST TERRY, PEGGY 22019 29TH ROAD LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOOLARD, KATHY P.O. BOX 333 BRANFORD, FL 32008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HATCH, SHIRLEY PO BOX 295 BRANFORD, FL 32008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/15/08-80002-020 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/08

Date

386-930-0021

Daytime Phone #