

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000480

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** SUWANNEE VALLEY RESCUE MISSION, INC.

**Current Principal Place of Business:**

127 N.W. ESCAMBIA ST  
LAKE CITY, FL 32055

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2862  
LAKE CITY, FL 32056

**New Mailing Address:**

**FEI Number:** 31-1471326

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

STEELE, CLEOPATRA J  
224 SE COUNTRY CLUB ROAD  
LAKE CITY, FL 32025 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: CEO ( ) Delete  
Name: STEELE, CLEOPATRA J  
Address: 224 SE COUNTRY CLUB RD  
City-St-Zip: LAKE CITY, FL 32025

Title: V ( ) Delete  
Name: CARR, DAVID  
Address: 448 SE ISABELLA WAY  
City-St-Zip: LAKE CITY, FL 32025

Title: TD ( ) Delete  
Name: PARKER, SOPHIA  
Address: P.O. BOX 2672  
City-St-Zip: LAKE CITY, FL 32025

Title: S ( ) Delete  
Name: WASHINGTON, AUDRE J  
Address: 406 SE CASTILLO TERRACE  
City-St-Zip: LAKE CITY, FL 32025

Title: D ( ) Delete  
Name: BRYANT, MARY  
Address: 438 SW ALLENS PL  
City-St-Zip: LAKE CITY, FL 32025

Title: D ( ) Delete  
Name: ROBERSON, TERESA  
Address: 306 SW FOSTER GLEN  
City-St-Zip: LAKE CITY, FL 32025

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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: CLEOPATRA J. STEELE

CEOD

04/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date