

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000480

FILED  
Apr 22, 2010  
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  
Name: STEELE, CLEOPATRA J  
Address: 224 SE COUNTRY CLUB RD  
City-St-Zip: LAKE CITY, FL 32025

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CLEOPATRA J. STEELE

CEOD

04/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date