07201999-90025-044-$61.25-$61.25

AMOUNT DUE ON OR BEFORE 05/1999: $61.25 (IF UNPAID, MINIMUM AMOUNT DUE TO REINSTATE $500.00)

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 20, 1999 8:00 am
Secretary of State
07-20-1999 90025 044 ****61.25

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DOCUMENT # N96000006141

1. Corporation Name
COUNCIL FOR PROGRESS OF SUWANNEE COUNTY, INC.

Principal Place of Business	Mailing Address
601 E. HOWARD STREET LIVE OAK FL 32060	601 E. HOWARD STREET LIVE OAK FL 32060

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/04/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3412543 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

FLETHER, JERRY F.
601 E. HOWARD STREET
P.O. DRAWER C
LIVE OAK FL 32064

10. Name and Address of New Registered Agent

31 Name: Eddy Hillhouse
32 Street Address (P.O. Box Number is Not Acceptable): 601 East Howard Street
33
34 City: Live Oak FL 35 Zip Code: 32064

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Eddy Hillhouse — 7-9-99
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POOLE, RONNIE 123 E. HOWARD STREET LIVE OAK FL 32060	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC BASHEAR, RICHARD P.O. BOX 550 N/A LIVE OAK FL 32064	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURLEY, JOHN 201 S. OHIO AVE LIVE OAK FL 32060	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Director Jerry Martin P. O. Box 160 Live Oak, FL 32064	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARTER, HAZEL 755 S.W. HOUSTON AVE. LIVE OAK FL 32060	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, STEVE 7789 216TH STREET O'BRIEN FL 32071	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Director Michael Chandler P. O. Drawer A Live Oak, FL 32064	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOYLE, TODD NORTH OHIO AVENUE LAKE CITY FL 32064	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/99)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard H. Bashear
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #