

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2005 8:00 am
Secretary of State

03-11-2005 90309 046 ****61.25

DOCUMENT # N96000006141					
1. Entity Name COUNCIL FOR PROGRESS OF SUWANNEE COUNTY, INC.					
Principal Place of Business 816 S. OHIO AVENUE LIVE OAK, FL 32064 US			Mailing Address PO DRAWER C LIVE OAK, FL 32064 US		
2. Principal Place of Business		3. Mailing Address		01072005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3412543	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASON, DENNIS 816 S. OHIO AVENUE LIVE OAK, FL 32064				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when remaining) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete LAWRENCE, TODD PO BOX 610 LIVE OAK, FL 32064				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete MARTIN, JERRY PO BOX 160 LIVE OAK, FL 32064				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete FLETCHER, LYN PO BOX 700 LIVE OAK, FL 32064				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C <input checked="" type="checkbox"/> Delete CLAYTON, TERRY PO BRAWER Q LAKE CITY, FL 32064				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete NOBLES, SONNY 101 WHITE AVE. LIVE OAK, FL 32064				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF EXHIBITING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

66025704



ATTACHMENT



46025754

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 3, 2005

COUNCIL FOR PROGRESS OF SUWANNEE COUNTY, INC.
PO DRAWER C
LIVE OAK, FL 32064 US

SUBJECT: COUNCIL FOR PROGRESS OF SUWANNEE COUNTY, INC.
Ref. Number: N96000006141

Thank you for your correspondence of July 8, 2005, which has been forwarded to me for response.

Our office previously returned a copy of the annual report for corrections. Enclosed is a copy of the annual report and reject letter. To date, we have not received the corrected report back. Please make the corrections on the annual report and return it to our office for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner
Senior Section Administrator

Letter Number: 505A00050079