

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2008 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



01232008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3412543

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CASON, DENNIS
816 S. OHIO AVENUE
LIVE OAK, FL 32064**

**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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1-23-08

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LAWRENCE, TODD
PO BOX 610
LIVE OAK, FL 32064**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MARTZ, JOHN
P.O. BOX 160
LIVE OAK, FL 32064**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FLETCHER, LYN
PO BOX 700
LIVE OAK, FL 32064**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ALCORN, TIM
P.O. BOX 580
LIVE OAK, FL 32064**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NOBLES, SONNY
101 WHITE AVE.
LIVE OAK, FL 32064**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000820530
02/18/08-80032-018 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

Date

Daytime Phone #

1/23/08