

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90099 017 ****61.25

DOCUMENT # N96000006141

1. Entity Name

COUNCIL FOR PROGRESS OF SUWANNEE COUNTY, INC.



Principal Place of Business

601 E. HOWARD STREET
LIVE OAK FL 32060
US

Mailing Address

601 E. HOWARD STREET
LIVE OAK FL 32060
US

2. Principal Place of Business

3. Mailing Address

P.O. Drawer C

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Live Oak FL

Zip

Country

Zip
32064

Country
US

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

**EDDY HILL HOUSE
601 E. HOWARD STREET
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ELLIOT, PHILIP**
STREET ADDRESS **4037 RIVER RD**
CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE **DC** ☒ Delete
NAME **LLOYD, VERN**
STREET ADDRESS **P.O. BOX 3239**
CITY-ST-ZIP **LAKE CITY FL 32056**

TITLE **D** ☐ Delete
NAME **ALCORN, TIM**
STREET ADDRESS **PO BOX 580**
CITY-ST-ZIP **LIVE OAK FL 32064**

TITLE **D** ☐ Delete
NAME **CLAYTON, TERRY**
STREET ADDRESS **P O DRAWER Q**
CITY-ST-ZIP **LAKE CITY FL 32064**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☐ Change ☒ Addition
NAME **Lawrence, Todd**
STREET ADDRESS **P.O. Box 610**
CITY-ST-ZIP **Live Oak, FL 32064**

TITLE **D** ☐ Change ☒ Addition
NAME **Jerry Martin**
STREET ADDRESS **P.O. Box 160**
CITY-ST-ZIP **Live Oak, FL 32064**

TITLE **D** ☐ Change ☒ Addition
NAME **Lyn Fletcher**
STREET ADDRESS **P.O. Box 700**
CITY-ST-ZIP **Live Oak, FL 32064**

TITLE **D** ☐ Change ☒ Addition
NAME **Brian Metzger**
STREET ADDRESS **205 White Ave**
CITY-ST-ZIP **Live Oak, FL 32064**

TITLE **D** ☐ Change ☒ Addition
NAME **Sonny Nobles**
STREET ADDRESS **101 White Ave**
CITY-ST-ZIP **Live Oak, FL 32064**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

2-26-03

CR2E037 (10/02)