

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

FILED
Mar 04, 2008 08:00 A
Secretary of State

DOCUMENT # N01000006873

1. Entity Name
PAWS OF STEINHATCHEE, INC.



Principal Place of Business
**5894 S.W 358 HWY
STEINHATCHEE, FL 32359**

Mailing Address
**POB 47
STEINHATCHEE, FL 32359**



03022008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3748716

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CONRAD, NANCY
5894 SW 358 HWY
STEINHATCHEE, FL 32359**

**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**

U00000847366
03/19/08-80017-010 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
GLASS, PEGGY
P O BOX 440
STEINHATCHEE, FL 32359**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
JONES, SUSAN
PO BOX 109
STEINHATCHEE, FL 32359**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
MCELWEE, EDITH
PO BOX 970
STEINHATCHEE, FL 32359**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TA
CONRAD, NANCY
5894 SW 358 HWY
STEINHATCHEE, FL 32359**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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 #

Nancy Conrad 3/03/2008 352-498-7815