

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000005047

**FILED  
Jan 20, 2015  
Secretary of State  
CC3862945992**

**Entity Name:** THE CONLEE - SNYDER MURAL COMMITTEE, INC.

**Current Principal Place of Business:**

233 DAVIS LAKE RD  
PALATKA, FL 32177

**Current Mailing Address:**

PO BOX 1901  
PALATKA, FL 32178

**FEI Number:** 59-3678127

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROTHSCHILD, JUDITH S  
233 DAVIS LAKE RD.  
PALATKA, FL 32177 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name ALEXANDER, JOHN  
Address 919 CARR ST  
City-State-Zip: PALATKA FL 32177

Title V  
Name ROTHSCHILD, JUDY  
Address 233 DAVIS LAKE RD  
City-State-Zip: PALATKA FL 32177

Title ST  
Name GOODING, DONALD  
Address 414 BRONSON ST.  
City-State-Zip: PALATKA FL 32177

Title D  
Name JOHNSON, MARYLOU  
Address 25010 NORTHEAST 133RD PLACE  
City-State-Zip: SALT SPRINGS FL 32134

Title D  
Name DEPUTY, SAM  
Address 917 CARR ST  
City-State-Zip: PALATKA FL 32177

Title D  
Name CRABILL, LYNDAL  
Address 609 S. 14TH ST  
City-State-Zip: PALATKA FL 32177

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JUDY ROTHSCHILD

V

01/20/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date