

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90033 015 ****61.25

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1. Entity Name
**SOUTHEASTERN PROFESSIONAL STEWARDS
ASSOCIATION, INC.**



Principal Place of Business

**C/O ELIZABETH N PAGE
3965 RICHY ROAD
MIMS, FL 32754 US**

Mailing Address

**PO BOX 802
C/O ELIZABETH N PAGE
MIMS, FL 32754**



03302008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-2379662

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required.**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PAGE, ELIZABETH N
3965 RICHY RD
MIMS, FL 32754**

**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**

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	PAGE, ELIZABETH
STREET ADDRESS	3965 RICHEY ROAD
CITY-ST-ZIP	MIMS, FL 32754
TITLE	VD
NAME	WILES, VICKIE
STREET ADDRESS	2507 RED MARSHALL ROAD
CITY-ST-ZIP	PELHAM, NC 27311
TITLE	D
NAME	HJDRT, ANDY
STREET ADDRESS	9240 STYERS FERRY RD.
CITY-ST-ZIP	CLEMMONS, NC 27012
TITLE	TPD
NAME	MULVEY, JAIMIE
STREET ADDRESS	24 LYNNSTONE COURT
CITY-ST-ZIP	ASHEVILLE, NC 28805
TITLE	ASD
NAME	PETERSON, BARBARA
STREET ADDRESS	18822 BOYSRANCH RD
CITY-ST-ZIP	ALTOONA, FL 32702
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:

Jaimie Mulvey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jaimie Mulvey

4/12/08
Date

828-295-7415
Daytime Phone #