2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# N00000005047

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

Current Principal Place of Business:

233 DAVIS LAKE RD
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

PO BOX 1901
PALATKA, FL 32178

New Mailing Address:

FEI Number: 59-3678127 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SNYDER, CLINT
7300 CRILL AVENUE #32
PALATKA, FL 32177 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	VC	( ) Delete
Name:	ALEXANDER, JOHN	
Address:	919 CARR ST	
City-St-Zip:	PALATKA, FL 32177	
Title:	C	( ) Delete
Name:	ROTHSCHILD, JUDY	
Address:	233 DAVIS LAKE RD	
City-St-Zip:	PALATKA, FL 32177	
Title:	SD	( ) Delete
Name:	DEPUTY, MEGHAN	
Address:	233 DODGE ST.	
City-St-Zip:	PALATKA, FL 32177	
Title:	D	( ) Delete
Name:	JOHNSON, MARYLOU	
Address:	25010 NORTHEAST 133RD PLACE	
City-St-Zip:	SALT SPRINGS, FL 32134	
Title:	D	( ) Delete
Name:	DEPUTY, SAM	
Address:	917 CARR ST	
City-St-Zip:	PALATKA, FL 32177	
Title:	D	( ) Delete
Name:	CRABILL, LYNDA L	
Address:	609 S. 14TH ST	
City-St-Zip:	PALATKA, FL 32177	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JUDY ROTHSCHILD C 03/03/2009

Electronic Signature of Signing Officer or Director — Date