


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000003326						FILED 07 MAY 10 AM 10:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
1. Entity Name THE STEELE-BROOKS INSTITUTE, INCORPORATED				Principal Place of Business 2200 BOURGOGNE DR. TALLAHASSEE, FL 32308			
Mailing Address 2200 BOURGOGNE DR. TALLAHASSEE, FL 32308				2. Principal Place of Business - No P.O. Box #			
Suite, Apt. #, etc.				3. Mailing Address			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 32-0002431				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				05102007 Chg-NP CR2E037 (12/06)			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HALE, JOHN E 5531 PEDRICK PLANTATION CIR. TALLAHASSEE, FL 32311				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by September 14, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KILPATRICK, EDDIE JR 2200 BOURGOGNE DR. TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASHBURN, RICHARD JR 420 GAITHER DR. TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, OSIEFIELD 3839 WEST SHAMROCK TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: <i>Richard Mashburn, Jr.</i> RICHARD MASHBURN				Date: 5/10/07		Daytime Phone #: 575-2553	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							