


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90002 012 ****61.25

DOCUMENT # N01000006873 1. Entity Name PAWS OF STEINHATCHEE, INC.					
Principal Place of Business 1634 PINE TREE RD STEINHATCHEE, FL 32359			Mailing Address POB 47 STEINHATCHEE, FL 32359		
2. Principal Place of Business - No P.O. Box # 5894 S.W. 358 Hwy		3. Mailing Address Suite, Apt. #, etc.			
City & State STEINHATCHEE FL		City & State Suite, Apt. #, etc.		4. FEI Number 59-3748716	
Zip 32359		Country DIXIE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAINS, KATHERINE 1634 PINE TREE RD STEINHATCHEE, FL 32359			7. Name and Address of New Registered Agent Name CONRAD, NANCY Street Address (P.O. Box Number is Not Acceptable) 5894 S.W. 358 Hwy City STEINHATCHEE FL Zip Code 32359		
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 <u>Nancy Conrad</u> NANCY CONRAD TREASURER <u>2/26/07</u> <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 May 1, 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	D BAINS, KATHERINE 1634 PINE TREE RD STEINHATCHEE, FL 32359	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLASS, PEGGY P O BOX 440 STEINHATCHEE, FL 32359	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRITSCH, SHARON PO BOX 512 STEINHATCHEE, FL 32359	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, BETSY 463 KINGS CREEK CIR STEINHATCHEE, FL 32359	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, BETTY 463 KINGS CREEK CIR STEINHATCHEE, FL 32359	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUSAN JONES P.O. Box 109 STEINHATCHEE, FL 32359	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDITH McELWEE P.O. Box 970 STEINHATCHEE, FL 32359	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/A NANCY CONRAD 5894 S.W. 358 Hwy STEINHATCHEE, FL 32359	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUSAN JONES P.O. Box 109 STEINHATCHEE, FL 32359	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Nancy Conrad (Treasurer)</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>2/26/07</u> <u>352-498-7895</u> <small>Date Daytime Phone #</small>		