

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006873

FILED
Feb 27, 2009
Secretary of State

Entity Name: PAWS OF STEINHATCHEE, INC.

Current Principal Place of Business:

5894 S.W 358 HWY
STEINHATCHEE, FL 32359

New Principal Place of Business:

5894 S.W 358 HWY
STEINHATCHEE, FL 32359 US

Current Mailing Address:

POB 47
STEINHATCHEE, FL 32359

New Mailing Address:

POB 47
STEINHATCHEE, FL 32359 US

FEI Number: 59-3748716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONRAD, NANCY
5894 SW 358 HWY
STEINHATCHEE, FL 32359 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: D () Delete
Name: GLASS, PEGGY
Address: P O BOX 440
City-St-Zip: STEINHATCHEE, FL 32359

Title: S () Delete
Name: JONES, SUSAN
Address: PO BOX 109
City-St-Zip: STEINHATCHEE, FL 32359

Title: P () Delete
Name: MCELWEE, EDITH
Address: PO BOX 970
City-St-Zip: STEINHATCHEE, FL 32359

Title: TA () Delete
Name: CONRAD, NANCY
Address: 5894 SW 358 HWY
City-St-Zip: STEINHATCHEE, FL 32359

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: T (X) Change () Addition
Name: CONRAD, NANCY
Address: 5894 SW 358 HWY
City-St-Zip: STEINHATCHEE, FL 32359

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: NANCY CONRAD

T

02/27/2009

Electronic Signature of Signing Officer or Director

Date