

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000006873

**FILED**  
**Feb 20, 2010**  
**Secretary of State**

**Entity Name:** PAWS OF STEINHATCHEE, INC.

**Current Principal Place of Business:**

5894 S.W 358 HWY  
STEINHATCHEE, FL 32359 US

**New Principal Place of Business:**

**Current Mailing Address:**

POB 47  
STEINHATCHEE, FL 32359 US

**New Mailing Address:**

**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  
**Name:** GLASS, PEGGY  
**Address:** P O BOX 440  
**City-St-Zip:** STEINHATCHEE, FL 32359

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

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

**Title:** T  
**Name:** CONRAD, NANCY  
**Address:** 5894 SW 358 HWY  
**City-St-Zip:** STEINHATCHEE, FL 32359

I hereby 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 all other like empowered.

**SIGNATURE:** NANCY CONRAD

T

02/20/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date