

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01578

FILED
Aug 24, 2009
Secretary of State

Entity Name: BLUE CRAB FESTIVAL STEERING COMMITTEE, INC.

Current Principal Place of Business:

WAKULLA WELCOME CENTER
1493 COASTAL HWY 98
PANACEA, FL 32346

New Principal Place of Business:

Current Mailing Address:

PO BOX 456
PANACEA, FL 32346

New Mailing Address:

FEI Number: 59-3062738 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CENTER, TIM
1218 CAMELLIA DRIVE
TALLAHASSEE, FL 32301 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: PD () Delete
Name: MILLER, SHERRIE P
Address: POST OFFICE BOX 1144
City-St-Zip: PANACEA, FL 32346

Title: VD () Delete
Name: KILLEEN, PAIGE F
Address: POST OFFICE BOX 592
City-St-Zip: PANACEA, FL 32346

Title: TD () Delete
Name: HARRINGTON, DORIS
Address: 25C OLD COURT HOUSE WAY
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: PORTWOOD, PAM
Address: 1184 LOWER BRIDGE RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: HOLUB, BONNIE
Address: POST OFFICE BOX 712
City-St-Zip: PANACEA, FL 32346

Title: SD () Delete
Name: MOSLEY, SHERYL L
Address: 32 TALON DR
City-St-Zip: CRAWFORDVILLE, FL 32327

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:

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: SHERRIE P MILLER

PD

08/24/2009

Electronic Signature of Signing Officer or Director

Date