

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004727

FILED
Apr 28, 2007
Secretary of State

Entity Name: STEINHATCHEE-JENA DEVELOPMENT FOUNDATION, INC.

Current Principal Place of Business:

P.O. BOX 984
STEINHATCHEE, FL 32359

New Principal Place of Business:

220 TENTH STREE SE
STEINHATCHEE, FL 32359

Current Mailing Address:

P.O. BOX 984
STEINHATCHEE, FL 32359

New Mailing Address:

P.O. BOX 647
STEINHATCHEE, FL 32359

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER, R. DEAN
203 RYLAND CIRCLE
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: PD () Delete
Name: FRANKEL, ROBERT D
Address: P.O. BOX 984
City-St-Zip: STEINHATCHEE, FL 32359

Title: VD () Delete
Name: SCHUMAKER, MARK
Address: P.O. BOX 421
City-St-Zip: STEINHATCHEE, FL 32359

Title: SD () Delete
Name: WESSELS, PAM
Address: P.O. BOX 647
City-St-Zip: STEINHATCHEE, FL 32359

Title: TD () Delete
Name: FOWLER, R. DEAN
Address: P.O. BOX 789
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: SD (X) Change () Addition
Name: WESSELS, PAMELA
Address: P.O. BOX 647
City-St-Zip: STEINHATCHEE, FL 32359

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: PAMELA WESSELS

SD

04/28/2007

Electronic Signature of Signing Officer or Director

Date