

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004727

FILED  
Sep 02, 2008  
Secretary of State

**Entity Name:** STEINHATCHEE RIVER CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

1013 RIVERSIDE DRIVE SE  
STEINHATCHEE, FL 32359

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1008  
STEINHATCHEE, FL 32359

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**  
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:**

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, PAMELA  
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

Title:                              ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:                              ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DIR                      (X) Change ( ) Addition  
Name: WESSELS, PAM  
Address: P.O. BOX 1008  
City-St-Zip: STEINHATCHEE, FL 32359

Title: DIR                      (X) Change ( ) Addition  
Name: TOCCO, YVONNE  
Address: P.O. BOX 1008  
City-St-Zip: STEINHATCHEE, FL 32359

Title: DIR                      (X) Change ( ) Addition  
Name: TOCCO, ANTHONY  
Address: P.O. BOX 1008  
City-St-Zip: STEINHATCHEE, FL 32359

Title: DIR                      (X) Change ( ) Addition  
Name: BARNETT, TINA  
Address: P.O. BOX 1008  
City-St-Zip: STEINHATCHEE, FL 32359

Title: DIR                      ( ) Change (X) Addition  
Name: ZURBRICK, PATTY  
Address: P.O. BOX 1008  
City-St-Zip: STEINHATCHEE, FL 32359

Title: DIR                      ( ) Change (X) Addition  
Name: KROLL, STEVE  
Address: P.O. BOX 1008  
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: YVONNE R. TOCCO

TREA

09/02/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date