2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# N06000004727

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 ( )**

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

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

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

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

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

Title: DIR ( ) Delete
Name: KROLL, STEVE
Address: P.O. BOX 1008
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: ( ) 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: YVONNE R. TOCCO DIR 03/16/2009
Electronic Signature of Signing Officer or Director — Date