

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004727

FILED
Apr 18, 2011
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: 20-4961137

FEI Number Applied For ()

FEI Number Not Applicable ()

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: CHMN
Name: WESSELS, PAM
Address: P.O. BOX 1008
City-St-Zip: STEINHATCHEE, FL 32359

Title: TREA
Name: PATRICIA, ZURBRICK
Address: P.O. BOX 1008
City-St-Zip: STEINHATCHEE, FL 32359

Title: SEC
Name: RITA, MOODY
Address: P.O. BOX 1008
City-St-Zip: STEINHATCHEE, FL 32359

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

Title: DIR
Name: AUDREY, SWITALSKI
Address: P.O. BOX 1008
City-St-Zip: STEINHATCHEE, FL 32359

Title: DIR
Name: CHAPMAN, LIANA
Address: P.O. BOX 1008
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: PAMELA WESSELS

CHMN

04/18/2011

Electronic Signature of Signing Officer or Director

Date