

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004727

FILED  
Mar 20, 2012  
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, PAMELA  
**Address:** P.O. BOX 1008  
**City-St-Zip:** STEINHATCHEE, FL 32359

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

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

**Title:** DIR  
**Name:** RAYBORN, ROSS  
**Address:** P.O. BOX 1008  
**City-St-Zip:** STEINHATCHEE, FL 32359

**Title:** DIR  
**Name:** JONES, SUSAN  
**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

03/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date