

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010865

FILED
Apr 20, 2007
Secretary of State

Entity Name: SUPPORTERS OF ST. VINCENT NWR, INC

Current Principal Place of Business:

479 MARKET STREET
APALACHICOLA, FL 32320

New Principal Place of Business:

Current Mailing Address:

479 MARKET STREET
APALACHICOLA, FL 32320

New Mailing Address:

PO BOX 1073
EASTPOINT, FL 32328

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

Name and Address of Current Registered Agent:

WILSON, AMANDA
2 WILDFLOWER LANE
APALACHICOLA, FL 32320 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: P () Delete
Name: WILLIAMS, DENISE M
Address: 879 CC LAND ROAD
City-St-Zip: EASTPOINT, FL 32328

Title: D () Delete
Name: SMITH, LYNDIA E
Address: 22 7TH STREET
City-St-Zip: APALACHICOLA, FL 32320

Title: D () Delete
Name: STEELE, MARIE
Address: 690 INDIAN PASS RD
City-St-Zip: PT. ST. JOE, FL 32456

Title: D () Delete
Name: RICKEL VROEGOP, ROBIN
Address: 145 AVENUE C
City-St-Zip: APALACHICOLA, FL 32320

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: ECKMAN, PATTI
Address: #2 ACOLA STREET
City-St-Zip: APALACHICOLA, FL 32320

Title: D (X) Change () Addition
Name: LUTHER, NANCY
Address: 135 S. RIGGINS STREET, INDIAN PASS
City-St-Zip: PORT ST. JOE, FL 32454

Title: D () Change (X) Addition
Name: PETRIE, TRISH
Address: 140 PAINTED PONY ROAD
City-St-Zip: PORT ST. JOE, FL 32456

Title: D () Change (X) Addition
Name: RUFFNER, TED
Address: 246 GRAMERCY PLANTATION BLVD
City-St-Zip: EASTPOINT, FL 32328

I hereby certify that the information supplied with this filing does not qualify for the 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: DENISE WILLIAMS

P

04/20/2007

Electronic Signature of Signing Officer or Director

Date