

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90015 002 ****61.25

DOCUMENT # N06000010865

1. Entity Name
SUPPORTERS OF ST. VINCENT NWR, INC



Principal Place of Business
**479 MARKET STREET
APALACHICOLA, FL 32320**

Mailing Address
**PO BOX 1073
EASTPOINT, FL 32328**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
APPLIED FOR 20-5766272

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILSON, AMANDA
2 WILDFLOWER LANE
APALACHICOLA, FL 32320**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **WILLIAMS, DENISE M**
STREET ADDRESS **879 CC LAND ROAD**
CITY-ST-ZIP **EASTPOINT, FL 32328**

TITLE **D** ☐ Change ☒ Addition
NAME **Trish Petrie**
STREET ADDRESS **140 Painted Pony Rd**
CITY-ST-ZIP **Port St Joe FL 32456**

TITLE **D** ☐ Delete
NAME **SMITH, LYNDA E**
STREET ADDRESS **22 7TH STREET**
CITY-ST-ZIP **APALACHICOLA, FL 32320**

TITLE **D** ☐ Change ☒ Addition
NAME **Audrey Schmidt**
STREET ADDRESS **2846 Hidden Beaches**
CITY-ST-ZIP **Carrabelle FL 32322**

TITLE **D** ☒ Delete
NAME **STEELE, MARIE**
STREET ADDRESS **690 INDIAN PASS ROAD**
CITY-ST-ZIP **PORT ST. JOE, FL 32456**

TITLE **D** ☐ Change ☒ Addition
NAME **John Inzetta**
STREET ADDRESS **290 N Bayshore Dr**
CITY-ST-ZIP **Eastpoint FL 32328**

TITLE **D** ☒ Delete
NAME **VROEGOP, ROBIN R**
STREET ADDRESS **145 AVENUE C**
CITY-ST-ZIP **APALACHICOLA, FL 32320**

TITLE **D** ☐ Change ☒ Addition
NAME **Nancy Luther**
STREET ADDRESS **135 S Riggins St, Indian Pass**
CITY-ST-ZIP **Port St Joe FL 32454**

TITLE **D** ☐ Delete
NAME **John Inzetta**
STREET ADDRESS **290 N Bayshore Dr**
CITY-ST-ZIP **Eastpoint FL 32328**

TITLE **D** ☐ Change ☒ Addition
NAME **Gloria Austin**
STREET ADDRESS **1580 Indian Pass Rd**
CITY-ST-ZIP **Port St Joe FL 32456**

TITLE **D** ☐ Delete
NAME **Nancy Luther**
STREET ADDRESS **135 S Riggins St, Indian Pass**
CITY-ST-ZIP **Port St Joe FL 32454**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Audrey Schmidt **Audrey Schmidt**

3/7/08

850 653 1090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #