

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010865

FILED
Apr 15, 2009
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:

PO BOX 1073
EASTPOINT, FL 32328

New Mailing Address:

FEI Number: 20-5766272

FEI Number Applied For ()

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: D () 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: IZETTA, JOHN
Address: 290 N. BAY SHORE DR
City-St-Zip: EASTPOINT, FL 32328

Title: D () Delete
Name: LUTHER, NANCY
Address: 135 S. RIGGINS ST
City-St-Zip: POINT ST. JOE, FL 32454

Title: D () Delete
Name: PETIRE, TRISH
Address: 140 POINTED PONY RD
City-St-Zip: PORT SAINT JOE, FL 32456

Title: D () Delete
Name: SCHMIDT, AUDREY
Address: 2846 HIDDEN BEACHES
City-St-Zip: CARRABELLE, FL 32322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: INGUAGIATO, BOB
Address: 11 BAYSIDE DR
City-St-Zip: APALACHICOLA, FL 32320

Title: D (X) Change () Addition
Name: INZETTA, JOHN
Address: 290 N. BAY SHORE DR
City-St-Zip: EASTPOINT, FL 32328

Title: D (X) Change () Addition
Name: LUTHER, LANDY
Address: 135 S. HIGGINS ST
City-St-Zip: POINT ST. JOE, FL 32454

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: AUDREY SCHMIDT

TREA

04/15/2009

Electronic Signature of Signing Officer or Director

Date