2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010865

FILED Feb 20, 2010 Secretary of State

Entity Name: SUPPORTERS OF ST. VINCENT NWR, INC

Current Principal Place of Business: New Principal Place of Business:

479 MARKET STREET APALACHICOLA, FL 32320

Current Mailing Address: New Mailing Address:

PO BOX 1073 EASTPOINT, FL 32328

FEI Number: 20-5766272 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILSON, AMANDA 2 WILDFLOWER LANE APALACHICOLA, FL 32320 US

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:

AUSTIN, GLORIA Name: Address: 1580 INDIAN PASS RD City-St-Zip: PORT ST JOE, FL 32456

Title:

Name: INGUAGIATO, BOB Address: 11 BAYSIDE DR City-St-Zip: APALACHICOLA, FL 32320

Title:

INZETTA, JOHN Name: 290 N. BAY SHORE DR Address: City-St-Zip: EASTPOINT, FL 32328

Title:

Name: LUTHER, LANDY 135 S. HIGGINS ST Address: POINT ST. JOE, FL 32454 City-St-Zip:

Title:

PETIRE, TRISH Name: 140 POINTED PONY RD Address: PORT SAINT JOE, FL 32456 City-St-Zip:

Title:

SCHMIDT, AUDREY Name: Address: 2846 HIDDEN BEACHES CARRABELLE, FL 32322 City-St-Zip:

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: AUDREY SCHMIDT **TREA** 02/20/2010