2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2010
Secretary of State

DOCUMENT# N06000010865

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

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

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

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

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

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

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

Electronic Signature of Signing Officer or Director Date