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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -2 PM 01:14

DOCUMENT # **N37457** (1)

1. Corporation Name

STEINHATCHEE RIVER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~P.O. BOX 399~~ P. O. BOX 399 STEINHATCHEE FL 32359-7399	~~P.O. BOX 399~~ P. O. BOX 399 STEINHATCHEE FL 32359-~~7399~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/05/1990
3a. Date of Last Report: 06/22/1994
4. FEI Number: 59-3067553 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 1200 RIVERSIDE DR.	26 P.O. BOX 399
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: STEINHATCHEE FL	28 City & State: STEINHATCHEE FL
24 Zip: 32359 25 Country: USA	29 Zip: 32359-0399 30 Country: USA

9. Name and Address of Current Registered Agent

JAMES, EDWARD J.
ED JAMES ROAD
STEINHATCHEE FL 32359

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Flori[illegible]ites, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was [illegible]zed by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☐ Change ☐ Addition
NAME	FLEMING, DENVER	12 NAME	
STREET ADDRESS	~~6TH ST W~~ 108 SEA AV	13 STREET ADDRESS	
CITY-ST-ZIP	STEINHATCHEE FL 32359	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	CURTIS, DAVID	22 NAME	
STREET ADDRESS	~~HWY 51~~ 1200 RIVERSIDE DR.	23 STREET ADDRESS	
CITY-ST-ZIP	STEINHATCHEE FL 32359	24 CITY-ST-ZIP	
TITLE	S P	31 TITLE	☐ Change ☐ Addition
NAME	FOSTER, JIM	32 NAME	
STREET ADDRESS	~~2ND AVE NO~~ 913 CENTRAL AV	33 STREET ADDRESS	
CITY-ST-ZIP	STEINHATCHEE FL 32359	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	PACE, JOHN	42 NAME	
STREET ADDRESS	~~HWY 51~~ 322 RIVERSIDE DR	43 STREET ADDRESS	
CITY-ST-ZIP	STEINHATCHEE FL 32359	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BROOKE, PAT	52 NAME	
STREET ADDRESS	~~HWY 51~~ 810 HWY 51	53 STREET ADDRESS	
CITY-ST-ZIP	STEINHATCHEE FL 32359	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David Curtis DAVID CURTIS 4-25-94 904-498-7159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000242