

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90029 002 ****70.00

DOCUMENT # N43448 1. Entity Name STEINHATCHEE COMMUNITY PROJECTS BOARD INC.					
Principal Place of Business COMMUNITY CENTER P.O. BOX 736 STEINHATCHEE FL 32359			Mailing Address PO BOX 736 STEINHATCHEE FL 32359		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Steinhatchee, FL		City & State _____		4. FEI Number 59-3065862 ☐ Applied For ☐ Not Applicable	
Zip 32359	Country TAYLOR	Zip _____	Country _____	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NYBERG, MICKEY 209 1ST AVE. N. STEINHATCHEE FL 32359				7. Name and Address of New Registered Agent 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 <u><i>Mickey Nyberg</i></u> 4/26/08 Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW. 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 NAME STREET ADDRESS CITY-ST-ZIP	P BOY, ANN 602 1ST AVE. NE STEINHATCHEE FL 32359 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Moehring, Rhoda ☒ Change ☐ Addition 715 RIVERSIDE DR. Steinhatchee, FL 32359		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ☐ Delete MOEMRINS, RHODA 715 RIVERSIDE DRIVE STEINHATCHEE FL 32359	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOY ANN ☒ Change ☐ Addition 602-1st Ave N.E Steinhatchee, FL 32359		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST. ☐ Delete JOHNSON, LINDA 505 NE HWY 51 STEINHATCHEE FL 32359	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ☐ Delete NYBERG, MICKEY 209 1ST AVE. N STEINHATCHEE FL 32359	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PATTY ZUBRICK ☒ Change ☐ Addition CR 51 Steinhatchee, FL 32359		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ ☐ Change ☐ Addition		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Mickey Nyberg* April 27, 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #