2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43448

FILED May 06, 2009 Secretary of State

Entity Name: STEINHATCHEE COMMUNITY PROJECTS BOARD INC. **Current Principal Place of Business: New Principal Place of Business:** COMMUNITY CENTER STEINHATCHEE COMMUNITY CENTER P.O. BOX 736 STEINHATCHEE, FL 32359 STEINHATCHEE, FL 32359 US **New Mailing Address: Current Mailing Address:** PO BOX 736 STEINHATCHEE, FL 32359 FEI Number: 59-3065862 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NYBERG, MICKEY ZURBRICK, PATTY 209 1ST AVE. N. 218 4TH AVE. N STEINHATCHEE, FL 32359 US STEINHATCHEE, FL 32359 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: PATTY ZURBRICK 05/06/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MOEHRING, RHODA Name: Name: Address: 715 RIVERSIDE DRIVE Address: City-St-Zip: STEINHATCHEE, FL 32359 City-St-Zip: Title: Title: () Delete () Change () Addition Name: BOY, ANN Name: Address: 602-1ST AVENUE, NORTHEAST Address: City-St-Zip: STEINHATCHEE, FL 32359 City-St-Zip: Title: () Delete Title: () Change () Addition JOHNSON, LÍNDA Name: Name: 505 NE HWY 51 Address: Address: City-St-Zip: STEINHATCHEE, FL 32359 City-St-Zip: Title: TD () Delete Title: TD (X) Change () Addition Name: ZUBRICK, PATTY Name: ZUBRICK, PATTY 209 1ST AVE, N, CR 51 Address: Address: 218 4TH AVE. N City-St-Zip: STEINHATCHEE, FL 32359 City-St-Zip: STEINHATCHEE, FL 32359

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: PATTY ZURBRICK TD 05/06/2009