2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2015
Secretary of State
CC8366874210

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Entity Name: SUPPORTERS OF ST. VINCENT NWR, INC

Current Principal Place of Business:

479 MARKET STREET
APALACHICOLA, FL 32320

Current Mailing Address:

PO BOX 1073
EASTPOINT, FL 32328

FEI Number: 20-5766272

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHMIDT, AUDREY
2846 HIDDEN BEACHES
CARRABELLE, FL 32322 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: AUDREY SCHMIDT 02/22/2015

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

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

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

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

Title	DIRECTOR
Name	BROWN, CAROL
Address	P O BOX 40
City-State-Zip:	APALACHICOLA FL 32329

Title	PRESIDENT
Name	STUART, NANCY
Address	181 BROKEN ARROW LANE
City-State-Zip:	PORT ST JOE FL 32456

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

Title	TREASURER
Name	SCHMIDT, AUDREY
Address	2846 HIDDEN BEACHES
City-State-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 TREASURER 02/22/2015

Electronic Signature of Signing Officer/Director Detail — Date