

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 04, 2007 8:00 am
Secretary of State

05-07-2007 90059 038 ****61.25

DOCUMENT # 704719 1. Entity Name FLAGLER COUNTY CHAMBER OF COMMERCE, INC.					
Principal Place of Business 20 AIRPORT ROAD PALM COAST FL 32164			Mailing Address 20 AIRPORT ROAD PALM COAST FL 32164		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-1168213			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent JAROSZ, LINDA G 20 AIRPORT ROAD PALM COAST FL 32164			7. Name and Address of New Registered Agent Name Donald T. O'Brien Jr Street Address (P.O. Box Number is Not Acceptable) 20 Airport Road, Suite C City Palm Coast FL Zip Code 32164		
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 Donald T. O'Brien Jr 4/24/07 Signature, typed or printed name of registered agent and date of filing (NOTE: Registered Agent signature required when registering)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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 VP NAME CATOGGIO, ANTHONY STREET ADDRESS 28 CROSSBOW CT. CITY ST ZIP PALM COAST FL 32137	☒ Delete		TITLE Immediate Past Chairman NAME Lawrence, Thomas STREET ADDRESS 65 Front St. CITY ST ZIP Palm Coast FL 32137	☒ Change ☐ Addition	
TITLE P NAME LAWRENCE, THOMAS E STREET ADDRESS 65 FRONT ST. CITY ST ZIP PALM COAST FL 32137	☐ Delete		TITLE Chairman NAME O'Brien Donald STREET ADDRESS 56 Osprey Cir. CITY ST ZIP Palm Coast, FL 32137	☒ Change ☐ Addition	
TITLE S NAME HELM, CHARLES M STREET ADDRESS 5301 JOHN ANDERSON HWY. CITY ST ZIP FLAGLER BEACH FL 32136	☐ Delete		TITLE Vice Chairman NAME Chimento, III, Michael STREET ADDRESS 4 Old Kings Rd North CITY ST ZIP Palm Coast FL 32137	☐ Change ☒ Addition	
TITLE VP NAME SZYMANSKI, RONALD J SR. STREET ADDRESS 231 ST. JOE PLAZA DR. CITY ST ZIP PALM COAST FL 32164	☐ Delete		TITLE Treasurer NAME Kelly, Patrick STREET ADDRESS 21 Central Place CITY ST ZIP Palm Coast FL 32137	☐ Change ☒ Addition	
TITLE T NAME O'BRIEN, DONALD T. JR. STREET ADDRESS 56 OSPREY CR. CITY ST ZIP PALM COAST FL 32137	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE M NAME JAROSZ, LINDA G STREET ADDRESS 20 AIRPORT ROAD CITY ST ZIP PALM COAST FL 32164	☒ 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:			Date 5/31/07		