


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

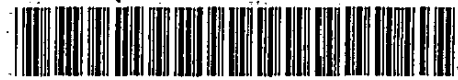
FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90130 036 ****61.25

DOCUMENT # 710179
 1. Entity Name
JENSEN BEACH CHAMBER OF COMMERCE, INC.



Principal Place of Business: **1910 N.E. JENSEN BEACH BLVD. JENSEN BEACH FL 34957 US**
 Mailing Address: **1910 N.E. JENSEN BEACH BLVD. JENSEN BEACH FL 34957 US**



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: **PO Box 1536**
 Suite, Apt. #, etc.

1st MOORE CR2E037 (10/04)

City & State: **JENSEN BEACH FL**

4. FEI Number: **59-0682897**
 Applied For: Not Applicable

Zip: **34958** Country: **USA**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GIRLINGHOUSE, J.DAVID
1910 NE JENSEN BEACH BLVD
JENSEN BEACH FL 34957

7. Name and Address of New Registered Agent
 Name: **DENISE WEBER**
 Street Address (P.O. Box Number is Not Acceptable):
1910 NE JENSEN BEACH BLVD
 City: **JENSEN BEACH** FL Zip Code: **34957**

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: **DENISE WEBER, ADMINISTRATIVE DIRECTOR** *Denise Weber* **4/1/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2005

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		
TITLE	DVP President	<input type="checkbox"/> Delete
NAME	SIMONEAU, TAMMY	
STREET ADDRESS	1910 NE JENSEN BEACH BLVD	
CITY-ST-ZIP	JENSEN BEACH FL 34956	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	INGRAHAM, ZRIE L	
STREET ADDRESS	949 NE JENSEN BCH BLVD	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	T	<input type="checkbox"/> Delete
NAME	COPELAND, LAURIE	
STREET ADDRESS	33 FLAGLER AVE	
CITY-ST-ZIP	STUART FL 34994	
TITLE	EGAN, CHRIS	<input type="checkbox"/> Delete
NAME	10740 S OCEAN DRIVE	
STREET ADDRESS	JENSEN BEACH FL 34957	
CITY-ST-ZIP	VICE PRESIDENT	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Tammy Simoneau* **4/6/05** **(772) 349-4070**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #