

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State

05-12-2006 90028 007 ****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 PO BOX 1536 JENSEN BEACH, FL 34958 US	
2. Principal Place of Business 1900 RICOU TERRACE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State JENSEN BEACH FL		City & State		4. FEI Number 59-0682897	
Zip 34957		Country US		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEBER, DENISE 1910 NE JENSEN BEACH BLVD JENSEN BEACH, FL 34957				7. Name and Address of New Registered Agent Name RON ROSE Street Address (P.O. Box Number is Not Acceptable) 1900 RICOU TERRACE City JENSEN BEACH FL Zip Code 34994	
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 RONALD ROSE 5-10-06 Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing) DATE					
Filing Fee is \$61.25 Due by September 6, 2006...		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 SIMONEAU, TAMMY 1910 NE JENSEN BEACH BLVD JENSEN BEACH, FL 34956	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BILL WEST 715 COLORADO STUART, FL 34994
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T COPELAND, LAURIE 33 FLAGLER AVE STUART, FL 34994	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP EGAN, CHRIS 10740 S OCEAN DRIVE JENSEN BEACH, FL 34957	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ 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 Chapter 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: 5-10-06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: 5-10-06 Daytime Phone:	