

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

01-24-2003 90115022****6125
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DOCUMENT # 710179



1. Entity Name
JENSEN BEACH CHAMBER OF COMMERCE, INC.

FILED
03 APR 30 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

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

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

6. Name and Address of Current Registered Agent
CLAY, LESS
1910 NE JENSEN BEACH BLVD
JENSEN BEACH FL 34957

7. Name and Address of New Registered Agent
Name **J. DAVID GIRLINGHOUSE**
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 **J. DAVID GIRLINGHOUSE** *David Girlinghouse* 1/20/03
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

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	SD KING, BETTY 1910 NE JENSEN BEACH BLVD JENSEN BEACH FL 34994 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ROBERTA MURRAY 1910 NE JENSEN BEACH BLVD JENSEN BEACH, FL 34957 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LESS, CLAY 1910 NE JENSEN BEACH BLVD JENSEN BEACH FL 34956 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PRES TAMMY SIMONEAU 1910 NE JENSEN BEACH BLVD JENSEN BEACH, FL 34957 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOWSE, TRACY 1910 N.E. JENSEN BEACH BLVD. JENSEN BEACH FL 34994 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER J. DAVID GIRLINGHOUSE 1910 NE JENSEN BEACH BLVD JENSEN BEACH, FL 34957 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, when color like entered.

SIGNATURE: *J. David Girlinghouse* **Treasurer** 1/20/03
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/02)