

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722933

FILED
Apr 30, 2009
Secretary of State

Entity Name: CARRABELLE AREA CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

105 ST JAMES AVE
SUITE 8
CARRABELLE, FL 32322

New Principal Place of Business:

Current Mailing Address:

P.O. DRAWER DD
CARRABELLE, FL 32322

New Mailing Address:

FEI Number: 59-3447315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARXSEN, PAUL
108 SE AVE B
CARRABELLE, FL 32322 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HAUSER, SHEILA
Address: PO BOX 1221
City-St-Zip: LANARK VILLAGE, FL 32323

Title: D () Delete
Name: COX, DAN
Address: PO BOX CC
City-St-Zip: CARRABELLE, FL 32322

Title: DS () Delete
Name: ZURAWKA, CAROL
Address: 2606 HWY 98 W
City-St-Zip: CARRABELLE, FL 32322

Title: D () Delete
Name: FRINK, SKIP
Address: PO BOX 75
City-St-Zip: CARRABELLE, FL 32322

Title: T () Delete
Name: MARXSEN, PAUL
Address: PO BOX 629
City-St-Zip: CARRABELLE, FL 32322

Title: D () Delete
Name: BUTLER, DAVID
Address: PO BOX GG
City-St-Zip: CARRABELLE, FL 32322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HAUSER, SHEILA
Address: PO BOX 1221
City-St-Zip: LANARK VILLAGE, FL 32323

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAUL MARXSEN

T

04/30/2009

Electronic Signature of Signing Officer or Director

Date