2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#722933

FILED Apr 19, 2011 Secretary of State

Entity Name: CARRABELLE AREA CHAMBER OF COMMERCE, INC.

Current Principal Place of Business: New Principal Place of Business:

105 ST JAMES AVE SUITE 8

CARRABELLE, FL 32322

Current Mailing Address: New Mailing Address:

P.O. DRAWER DD CARRABELLE, FL 32322

FEI Number: 59-3447315 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARXSEN, PAUL ZIMMERMAN, SUZANNE 108 SE AVE B 105 ST JAMES AVE

CARRABELLE, FL 32322 US STE 8
CARRABELLE, FL 32322 US

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: SUZANNE ZIMMERMAN 04/19/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: DP

Name: HAUSER, SHEILA Address: PO BOX 1221

City-St-Zip: LANARK VILLAGE, FL 32323

Title: DS

Name: NOVARIA, CHAR Address: PO BOX 594

City-St-Zip: CARRABELLE, FL 32322

Title:

Name: COX, LESLEY Address: PO BOX CC

City-St-Zip: CARRABELLE, FL 32322

Title:

Name: MARXSEN, PAUL Address: PO BOX 629

City-St-Zip: CARRABELLE, FL 32322

Title:

Name: BUTLER, DAVID
Address: PO BOX GG

City-St-Zip: CARRABELLE, FL 32322

Title: DVP

Name: KILGORE, AMY
Address: 288 BAYWOOD DR
City-St-Zip: CARRABELLE, FL 32322

I hereby 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 all other like empowered.

SIGNATURE: PAUL MARXSEN T 04/19/2011