


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

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90043 034 ****61.25

DOCUMENT # 731346 1. Entity Name GREATER NASSAU COUNTY CHAMBER OF COMMERCE, INC.					
Principal Place of Business 45383 DIXIE AVENUE CALLAHAN FL 32011 US			Mailing Address PO BOX 98 CALLAHAN FL 32011		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-7430825	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DUNCAN, TODD 493 US HWY 17 NORTH #3 YULEE FL 32097				Name Michael L. Tiffany Street Address (P.O. Box Number is Not Acceptable) 309 N. 2nd Street City Palatka FL Zip Code 32178	
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 <u>Michael L. Tiffany, President</u> <i>Michael L. Tiffany</i> <u>2/3/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D RUSSELL, BRANTLEY 2239 E. STATE RD., 200 YULEE FL 32097 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Tiffany, Michael L. 309 N. 2nd Street Palatka, FL 32178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUNCAN, TODD 493 US HWY 17 NORTH #3 YULEE FL 32097 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Graham, Shirley 45274 Oak Trail Callahan, FL 32011 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TIFFANY, MIKE 309 NORTH 2ND STREET PALATKA FL 32178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Frost, Marlene 19 N. Wolff Street Fernandina Beach, FL 32034 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, TERI 59 US 17 SOUTH YULEE FL 32041 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Quaile, Patsy 6814 Quail Road Callahan, FL 32011 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTRO, CARROLL 2453 DRAKE AVENUE JACKSONVILLE FL 32218 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Fowler, Robin 760 William Burgess Rd. Yulee, FL 32097 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, TINA 3756 WEST THRID STREET HILLIARD FL 32046 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Roberts, Tammy One Warrior Road Callahan, FL 32011 <input type="checkbox"/> Change <input checked="" 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, with all other like empowered.					
SIGNATURE: <u>Michael L. Tiffany</u> <i>Michael L. Tiffany</i> <u>2/3/05</u> <u>(904) 764-5588</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					