2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2004 8:00 am
Secretary of State
06-30-2004 90002 032 ****61.25

DOCUMENT # 732246

1. Entity Name
SANTA ROSE COUNTY CHAMBER OF COMMERCE, INC.

Principal Place of Business	Mailing Address
5247 STEWART ST MILTON, FL 32570-4737 US	5247 STEWART ST MILTON, FL 32570-4737 US

06282004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-0730134 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TUCKER, DONNA
5247 STEWART ST
MILTON, FL 32585

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 Donna Tucker Donna Tucker 6-28-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

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	PD MOORE-MEHRIN, JENNIA 6937 HWY 89 N MILTON, FL 32570	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DEDRICH HOHORST 5462 PINE BARON Rd. MILTON, FL 32570	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HOHURST, DEDRICH 5463 PINE GREEN RD MILTON, FL 32570	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD TIM MALLON 6002 BERRYHILL Rd MILTON, FL 32570	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SIMPSON, SUSAN 911 STURDEVAN ST PENSACOLA, FL 32514	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CHUCK KOVACHICK 5418 STEWART ST. MILTON, FL 32570	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COOPER, BILL 6240 ANGIE DR MILTON, FL 32570	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BOB ASMUS 5532 TWIN CREEK CIRCLE PACE, FL 32571	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 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: D.C. Hohorst 6-28-04 850-983-8575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #