2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008
Secretary of State

DOCUMENT# 732246

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

Current Principal Place of Business:

5247 STEWART ST
MILTON, FL 325704737 US

New Principal Place of Business:

Current Mailing Address:

5247 STEWART ST
MILTON, FL 325704737 US

New Mailing Address:

FEI Number: 59-0730134 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TUCKER, DONNA
5247 STEWART ST
MILTON, FL 32570 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: D ( ) Delete
Name: PUNYKO, ROBIN
Address: 5120 DOGWOOD DRIVE
City-St-Zip: MILTON, FL 32570 US

Title: D ( ) Delete
Name: NETTLES, KATHY
Address: 7836 PETERSON POINT ROAD
City-St-Zip: MILTON, FL 32583 US

Title: D ( ) Delete
Name: DURST, JOSHUA
Address: 5247 COMMERCE STREET
City-St-Zip: JAY, FL 32565

Title: D ( ) Delete
Name: STRAIN, LARRY
Address: 401 EAST CHASE STREET
City-St-Zip: PENSACOLA, FL 32504

Title: D ( ) Delete
Name: ASMUS, BOB
Address: 5532 TWIN CREEK CIRCLE
City-St-Zip: PACE, FL 32583

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: STRAIN, LARRY
Address: 401 EAST CHASE STREET, SUITE 100
City-St-Zip: PENSACOLA, FL 32502 US

Title: D (X) Change ( ) Addition
Name: DURST, JOSHUA C
Address: 4459-B HIGHWAY 90
City-St-Zip: PACE, FL 32571 US

Title: D (X) Change ( ) Addition
Name: PUNYKO, ROBIN
Address: 5120 DOGWOOD DRIVE
City-St-Zip: MILTON, FL 32570

Title: D (X) Change ( ) Addition
Name: LAYUN, RICARDO
Address: 6671 CAROLINE STREET
City-St-Zip: MILTON, FL 32570

Title: D (X) Change ( ) Addition
Name: HAYWARD, JEANESE
Address: 6025 PAIGE POINT DRIVE
City-St-Zip: MILTON, FL 32570

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: DONNA TUCKER RA 03/04/2008

Electronic Signature of Signing Officer or Director — Date