

FILED
Jun 19, 2003 8:00 am
Secretary of State

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04-14-2003 90944 025 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 732246

1. Entity Name

SANTA ROSE COUNTY CHAMBER OF COMMERCE, INC.



33033037

Principal Place of Business

5247 STEWART ST
MILTON FL 32570-4737
US

Mailing Address

5247 STEWART ST
MILTON FL 32570-4737
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-0730134

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TUCKER, DONNA
5247 STEWART ST
MILTON FL 32583

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

Signature, typed or printed name of registered agent and city if applicable.

NOTE: Registered Agent Signature required when re-registering.

DATE

FILE NOW: FEE IS \$81.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fee

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	MOONEYHAM, GARY	☒ Delete
NAME		4061 AVALON BLVD	
STREET ADDRESS		MILTON FL 32570	
CITY-STATE-ZIP			
TITLE	TD	COULTER, MICHAEL	☒ Delete
NAME		531 ELVA STREET	
STREET ADDRESS		MILTON FL 32570	
CITY-STATE-ZIP			
TITLE	SD	SMITH, CHERYL	☒ Delete
NAME		5330 BERRYHILL RD	
STREET ADDRESS		MILTON FL 32570	
CITY-STATE-ZIP			
TITLE	VPD	MOORE-MELVIN, JIMMIE	☒ Delete
NAME		6857 HWY 89	
STREET ADDRESS		MILTON FL 32570	
CITY-STATE-ZIP			
TITLE			☐ Delete
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE			☐ Delete
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	JIMMIE MOORE MELVIN	☒ Change ☒ Addition
NAME		6837 HWY 89 NORTH	
STREET ADDRESS		MILTON, FL 32570	
CITY-STATE-ZIP			
TITLE	VPD	DEBORAH MOORE	☐ Change ☒ Addition
NAME		5463 PINE BARK RD.	
STREET ADDRESS		MILTON, FL 32570	
CITY-STATE-ZIP			
TITLE	TD	SARAH SUMNER	☐ Change ☒ Addition
NAME		911 STARDUST ST.	
STREET ADDRESS		PENSACOLA, FL 32514	
CITY-STATE-ZIP			
TITLE	SD	BILL COOPER	☐ Change ☒ Addition
NAME		6240 ANGIE DRIVE	
STREET ADDRESS		MILTON, FL 32570	
CITY-STATE-ZIP			
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			

CREATOR (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 copies like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Signature of Jimmie Moore Melvin

623-2339

SIGNATURES AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR

DATE

Daytime Phone #