

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740636

FILED
Jan 04, 2008
Secretary of State

Entity Name: STUART/MARTIN COUNTY CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

1650 S KANNER HIGHWAY
STUART, FL 349947108

New Principal Place of Business:

Current Mailing Address:

1650 S KANNER HIGHWAY
STUART, FL 349947108

New Mailing Address:

FEI Number: 59-0684483 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CATRAMBONE, JOSEPH A.
1650 S KANNER HIGHWAY
STUART, FL 34994 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: CH () Delete
Name: YARDLEY, JOHN
Address: 8401 S.E. FEDERAL HIGHWAY
City-St-Zip: HOBE SOUND, FL 33455

Title: PCD () Delete
Name: LINTON, DONNA
Address: 100 ALBANY AVENUE, SUITE 300
City-St-Zip: STUART, FL 34994

Title: VPD () Delete
Name: PAUL, ELLIOT
Address: 4209 S.W. HIGH MEADOWS AVENUE
City-St-Zip: PALM CITY, FL 34990

Title: PCEO () Delete
Name: CATRAMBONE, JOSEPH A.
Address: 1650 S. KANNER HWY
City-St-Zip: STUART, FL 34994

Title: VCD () Delete
Name: BOND, JODY
Address: 2691 S.E. OCEAN BLVD.
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: PROCTOR, GORDON
Address: 33 FLAGLER AVENUE
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CH (X) Change () Addition
Name: PAUL, ELLIOT
Address: 4209 S.W. HIGH MEADOWS AVENUE
City-St-Zip: PALM CITY, FL 34990

Title: PCD (X) Change () Addition
Name: YARDLEY, JOHN
Address: 8401 S.E. FEDERAL HIGHWAY
City-St-Zip: HOBE SOUND, FL 33455

Title: VPD (X) Change () Addition
Name: MICHAEL, HOUSTON
Address: 2400 S.E. FEDERA HIGHWAY, SUITE 310
City-St-Zip: STUART, FL 34994

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSEPH A. CATRAMBONE

PCEO

01/04/2008

Electronic Signature of Signing Officer or Director

Date