

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745120

FILED
Jan 06, 2004
Secretary of State

Entity Name: CRESTVIEW AREA CHAMBER OF COMMERCE, INCORPORATED

Current Principal Place of Business:

502 SOUTH MAIN STREET
CRESTVIEW, FL 32536

New Principal Place of Business:

Current Mailing Address:

502 SOUTH MAIN STREET
CRESTVIEW, FL 32536

New Mailing Address:

FEI Number: 59-0785307

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS, WAYNE R.
502 S. MAIN STREET
CRESTVIEW, FL., FL 32536 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: PD () Delete
Name: RENFROE, BRIDGET
Address: 502 SOUTH MAIN STREET
City-St-Zip: CRESTVIEW, FL 32536

Title: VPD () Delete
Name: KURPIL, JON
Address: 502 SOUTH MAIN STREET
City-St-Zip: CRESTVIEW, FL 32536

Title: TD () Delete
Name: SHAW, CRAIG
Address: 502 SOUTH MAIN STREET
City-St-Zip: CRESTVIEW, FL 32536

Title: PED () Delete
Name: BOWERS, DANIEL JR
Address: 502 SOUTH MAIN STREET
City-St-Zip: CRESTVIEW, FL 32536

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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 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: BRIDGET RENFROE

PD

01/06/2004

Electronic Signature of Signing Officer or Director

Date