2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745120

FILED Mar 20, 2007 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: New Mailing Address:

502 SOUTH MAIN STREET CRESTVIEW, FL 32536

FEI Number: 59-0785307 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HARRIS, WAYNE R. 502 S. MAIN STREET CRESTVIEW, FL., FL 32536 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 ST () Delete
 Title:
 VP (X) Change () Addition

 Name:
 HELT, ROBYN
 Name:
 MILLER, BETSY

 Address:
 502 SOUTH MAIN STREET
 Address:
 502 SOUTH MAIN STREET

 City-St-Zip:
 CRESTVIEW, FL 32536
 City-St-Zip:
 CRESTVIEW, FL 32536

Title: P () Delete Title: PE (X) Change () Addition Name: BRYANT, TIMOTHY Name: DINGESS, PAT

Address: 502 SOUTH MAIN STREET Address: 502 SOUTH MAIN STREET
City-St-Zip: CRESTVIEW, FL 32536 City-St-Zip: CRESTVIEW, FL 32536

Title: PE () Delete Title: PRES (X) Change () Additi

Title: PE () Delete Title: PRES (X) Change () Addition Name: ROY, MICHAEL ROY, MICHAEL

 Address:
 502 SOUTH MAIN STREET
 Address:
 502 SOUTH MAIN STREET

 City-St-Zip:
 CRESTVIEW, FL 32536
 City-St-Zip:
 CRESTVIEW, FL 32536

Title: PP () Delete Title: PP (X) Change () Addition

 Name:
 SHAW, CRAIG
 Name:
 BRYANT, TIMOTHY

 Address:
 502 SOUTH MAIN STREET
 Address:
 502 SOUTH MAIN STREET

 City-St-Zip:
 CRESTVIEW, FL 32536
 City-St-Zip:
 CRESTVIEW, FL 32536

 $\label{eq:total_problem} \mbox{Title:} \qquad \mbox{VP} \qquad \mbox{$($)$ Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{VP} \qquad \mbox{$($X)$ Change $($)$ Addition}$

Name: BOWERS, DANIEL JR Name: KURPIL, JON

Address: 502 SOUTH MAIN STREET Address: 502 SOUTH MAIN STREET
City-St-Zip: CRESTVIEW, FL 32536 City-St-Zip: CRESTVIEW, FL 32536

Title: PEM () Delete Title: () Change () Addition

 Name:
 SHAW, FOY
 Name:

 Address:
 502 SOUTH MAIN STREET
 Address:

 City-St-Zip:
 CRESTVIEW, FL 32536
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL ROY PRES 03/20/2007