2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# 745120

Entity Name: CRESTVIEW AREA CHAMBER OF COMMERCE, INCORPORATED

Current Principal Place of Business:

1447 COMMERCE DRIVE
CRESTVIEW, FL 32539

New Principal Place of Business:

Current Mailing Address:

1447 COMMERCE DRIVE
CRESTVIEW, FL 32539

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.
1447 COMMERCE DRIVE
CRESTVIEW, FL., FL 32539 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:	VP	( ) Delete
Name:	MILLER, BETSY	
Address:	1447 COMMERCE DRIVE	
City-St-Zip:	CRESTVIEW, FL 32539	
Title:	PRES	( ) Delete
Name:	DINGESS, PAT	
Address:	1447 COMMERCE DRIVE	
City-St-Zip:	CRESTVIEW, FL 32539	
Title:	PP	( ) Delete
Name:	ROY, MICHAEL	
Address:	1447 COMMERCE DRIVE	
City-St-Zip:	CRESTVIEW, FL 32539	
Title:	VP	( ) Delete
Name:	HELT, ROBYN	
Address:	1447 COMMERCE DRIVE	
City-St-Zip:	CRESTVIEW, FL 32539	
Title:	PE	( ) Delete
Name:	KURPIL, JON	
Address:	1447 COMMERCE DRIVE	
City-St-Zip:	CRESTVIEW, FL 32539	
Title:	PEM	( ) Delete
Name:	SHAW, FOY	
Address:	1447 COMMERCE DRIVE	
City-St-Zip:	CRESTVIEW, FL 32539	

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:		
Title:	PE	(X) Change ( ) Addition
Name:	JONES, BOB	
Address:	1447 COMMERCE DRIVE	
City-St-Zip:	CRESTVIEW, FL 32539	
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: PAT DINGESS PRES 02/02/2009

Electronic Signature of Signing Officer or Director — Date