Amended

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

07-16-2003 90040 017 ****61.25

FILED
745120
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL 22 AM 7:46

DOCUMENT # 745120

1. Entity Name

CRESTVIEW AREA CHAMBER OF COMMERCE INCORPORATED

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 502 South MAIN ST.	Suite, Apt. #, etc.: 502 S. MAIN ST
City & State: CRESTVIEW FL	City & State: CRESTVIEW FL
Zip: 32536 Country:	Zip: 32536 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-0785307 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: WAYNE R. HARRIS

Street Address (P.O. Box Number is Not Acceptable): 502 S. MAIN ST

City: CRESTVIEW FL Zip Code: 32536

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: Wayne R Harris 07/01/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR — Amended

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT/Director/
NAME	RENFROE BRIDGET
STREET ADDRESS	502 S. MAIN ST
CITY-ST-ZIP	CRESTVIEW FL 32536
TITLE	V.P
NAME	JON KURPIL/D
STREET ADDRESS	502 S. MAIN ST.
CITY-ST-ZIP	CRESTVIEW FL 32536
TITLE	TREASURER/D
NAME	CRAIG SHAW
STREET ADDRESS	502 S. MAIN ST.
CITY-ST-ZIP	CRESTVIEW FL 32536
TITLE	PRESIDENT-ELECT/D
NAME	BOWERS DANIEL JR
STREET ADDRESS	502 S. MAIN ST
CITY-ST-ZIP	CRESTVIEW FL 32536
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NAME	
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CR2E037B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Brudget Renfroe (850) 682-3212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #