
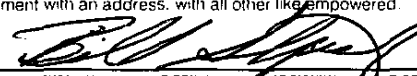


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2004 8:00 am
Secretary of State

08-06-2004 90003 046 ****61.25

DOCUMENT # 767304 1. Entity Name PERDIDO KEY AREA CHAMBER OF COMMERCE, INC.					
Principal Place of Business 15500 PERIDIO KEY DR PENSACOLA, FL 32507 US			Mailing Address P.O. BOX 34052 PENSACOLA, FL 32507		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2993049	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STROMQUIST, BILL 5731 DUNE AVE PENSACOLA, FL 32507				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required on this statement) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WATERS, DEBORAH		NAME	CARA POSTON	
STREET ADDRESS	6200 DON CARLOS DR		STREET ADDRESS	8 ARAPAH0 DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 32507		CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEWART, DAVID		NAME	JAMES LOWRY	
STREET ADDRESS	14110 PERDIDO KEY DRIVE		STREET ADDRESS	13506 PERDIDO KEY DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 32507		CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALKER, PEGGY		NAME	LISA DURANT	
STREET ADDRESS	13335 JOHNSON BEACH RD		STREET ADDRESS	5596 GRAND LAGOON CT	
CITY-ST-ZIP	PENSACOLA, FL 32507		CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	TREASURER DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAIN, SARA		NAME	SARA BAIN	
STREET ADDRESS	16293 PERDIDO KEY DRIVE # B		STREET ADDRESS	16293 PERDIDO KEY DRIVE # 8	
CITY-ST-ZIP	PENSACOLA, FL 32507		CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DURANT, LISA		NAME	PAT McCELLAN	
STREET ADDRESS	5596 GRANDE LAGOON CT		STREET ADDRESS	17401 PERDIDO KEY DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 32507		CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	EDCE	<input type="checkbox"/> Delete	TITLE	EXECUTIVE DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRONQUIST, BILL		NAME	Bill STROMQUIST	
STREET ADDRESS	5731 DUNE AVE		STREET ADDRESS	5731 DUNE AVE	
CITY-ST-ZIP	PENSACOLA, FL 32507		CITY-ST-ZIP	PENSACOLA FL 32507	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  BILL STROMQUIST <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					