

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767304

FILED  
Jul 25, 2007  
Secretary of State

**Entity Name:** PERDIDO KEY AREA CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

15500 PERIDIO KEY DR  
PENSACOLA, FL 32507 US

**New Principal Place of Business:**

**Current Mailing Address:**

15500 PERDIDO KEY DRIVE  
PENSACOLA, FL 32507

**New Mailing Address:**

**FEI Number:** 59-2993049 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

BARRIOS, BETH R  
15500 PERDIDO KEY DRIVE  
PENSACOLA, FL 32507 US

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

WATERS, DEBORAH M  
15500 PERDIDO KEY DRIVE  
PENSACOLA, FL 32507 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: DEBORAH M WATERS

07/25/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: WATERS, DEBORAH M  
Address: 6200 DON CARLOS DR  
City-St-Zip: PENSACOLA, FL 32507

Title: VD ( ) Delete  
Name: GILCHRIST, JOSEPH R  
Address: 16296 PERDIDO KEY DR  
City-St-Zip: PENSACOLA, FL 32507

Title: VD ( ) Delete  
Name: MCGREEVY, MARTIN J  
Address: 5778 GRAND LAGOON BLVD.  
City-St-Zip: PENSACOLA, FL 32507

Title: TD ( ) Delete  
Name: STROMQUIST, WILFRED T  
Address: 5731 JUNE AVE.  
City-St-Zip: PENSACOLA, FL 32507

Title: SD ( ) Delete  
Name: BARRIOS, BETH R  
Address: 15 GENOA PLACE  
City-St-Zip: PENSACOLA, FL 32507

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: WATERS, DEBORAH M  
Address: 6200 DON CARLOS DR  
City-St-Zip: PENSACOLA, FL 32507

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: SD (X) Change ( ) Addition  
Name: MILLER, SHARYON  
Address: PO BOX 34360  
City-St-Zip: PENSACOLA, FL 32507

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: DEBORAH M WATERS

PD

07/25/2007

Electronic Signature of Signing Officer or Director

Date