2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008
Secretary of State

DOCUMENT# 767304

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 ( )**

Name and Address of Current Registered Agent:

WATERS, DEBORAH M
15500 PERDIDO KEY DRIVE
PENSACOLA, FL 32507 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:	PD	( ) 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:	MILLER, SHARYON	
Address:	PO BOX 34360	
City-St-Zip:	PENSACOLA, FL 32507	

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:	( ) 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: DEBORAH WATERS PD 03/20/2008

Electronic Signature of Signing Officer or Director — Date