2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#768069

FILED Apr 23, 2009 Secretary of State

Entity Name: FROSTPROOF AREA CHAMBER OF COMMERCE, INC.

Current Principal Place of Business: I18 EAST WALL ST FROSTPROOF, FL 33843 US Current Mailing Address: PEI Number S9-6151189 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: Name () Change () Addition () Name () Change () Addition () Name						
Current Mailing Address: PO BOX 968 PROSTPROFF, FL 33843 FEI Number: 59-6151189 FEI Number Applied For () Name and Address of Current Registered Agent: RUTH WILSON, MARY 200 AIRPORT ROAD PROSTPROFF, FL 33843 US FINAME and Address of New Registered Agent: Name and Address of New Registered Agent: RUTH WILSON, MARY 200 AIRPORT ROAD PROSTPROF, FL 33843 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: Electronic Signature of Registered Agent	Current Principal Place of Business:			New Princ	New Principal Place of Business:	
PO BOX 968 PROSTPROFF, FL 33843 FEI Number: 59-8151189 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: Name			3 US			
FEI Number: 59-8151189 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: RUTH WILSON, MARY 200 AIRPORT ROAD ROSTPROOF, FL 33843 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: Date	Current Mailing Address: New				ew Mailing Address:	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent and						
RUTH WILSON, MARY 200 AIRPORT ROAD ROSTPROOF, FL 33843 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: Electronic Signature of Registered Agent	El Number:	59-6151189	FEI Number Applied For ()	El Number Not Appli	icable () Certificate of Status Desired ()	
### PROSTROOF, FL 33843 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: Electronic Signature of Registered Agent	Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
## Distance of Florida. Comparison of Provida	200 AIRPORT ROAD					
Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: P () Delete Title: () Change () Addition Name: Address: 200 AIRPORT ROAD Address: City-St-Zip: FROSTPROOF, FL 33843 City-St-Zip: Title: T () Change (X) Addition Name: Address: HILL, ERIC G Address: HILL, ERIC G Address: 10 E WALL STREET						
DFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: P () Delete	SIGNATURE:					
Title: P () Delete Title: () Change () Addition Name: WILSON, MARY RUTH Name: 200 AIRPORT ROAD Address: 200 AIRPORT ROAD Address: 200 AIRPORT, FL 33843 City-St-Zip: FROSTPROOF, FL 33843 City-St-Zip:	Electronic Signature of Registered Agent				Date	
Name: WILSON, MARY RUTH	OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Name: WISE, WESLEY Address: 15 C STREET City-St-Zip: FROSTPROOF, FL 33843 City-St-Zip: FROSTPROOF, FL 33843 City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip: FROSTPROOF, FL 33843 City-St-Zip: FROSTPROOF, FL 33843 City-St-Zip: FROSTPROOF, FL 33843 City-St-Zip: City-St-Zip: City-St-Zip: FROSTPROOF, FL 33843 City-St-Zip: City-St-Zip: City-St-Zip: FROSTPROOF, FL 33843 City-St-Zip: Title: T () Change (X) Addition Name: HILL, ERIC G Address: 10 E WALL STREET	Name: Nddress:	WILSON, MARY 200 AIRPORT RO	RUTH DAD	Name: Address:	() Change () Addition	
Name: GRIFFIN, HILL Name: Address: ONE BRACRES LANE, PO BOX 266 Address: City-St-Zip: FROSTPROOF, FL 33843 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: City-St-Zip: City-St-Zip: FROSTPROOF, FL 33843 City-St-Zip: FROSTPROOF, FL 33843 City-St-Zip: Title: () Delete Title: T () Change (X) Addition Name: HILL, ERIC G Address: 10 E WALL STREET	√ame: √ddress:	WISE, WESLEY 15 C STREET		Name: Address:	() Change () Addition	
Name: FUTRAL, JEFF Name: Address: 317 SUNSET ROAD Address: City-St-Zip: FROSTPROOF, FL 33843 City-St-Zip: Title: () Delete Title: T () Change (X) Addition Name: HILL, ERIC G Address: 10 E WALL STREET	Name: Nddress:	GRIFFIN, HILL ONE BRACRES I	ANE, PO BOX 266	Name: Address:	() Change () Addition	
Name: HILL, ERIC G Address: 10 E WALL STREET	Name: Nddress:	FUTRAL, JEFF 317 SUNSET RO	AD	Name: Address:	() Change () Addition	
	√ame: √ddress:]()	Delete	Name: Address:	HILL, ERIC G 10 E WALL STREET	

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: ERIC HILL MR 04/23/2009