

2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90050 018 \*\*\*\*70.00

**DOCUMENT # N28227**

1. Entity Name  
**ORMOND BEACH CHAMBER OF COMMERCE, INC.**



Principal Place of Business  
**165 W. GRANADA BLVD.  
ORMOND BEACH, FL 32174 US**

Mailing Address  
**165 W. GRANADA BLVD.  
ORMOND BEACH, FL 32174**

10001000



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

01032007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**59-0618671**

Applied For  
Not Applicable

Zip Country Zip Country

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

**8. Name and Address of Current Registered Agent**

**CRIPPS, ANDREW  
165 W. GRANADA BLVD.  
ORMOND BEACH, FL 32174**

**7. Name and Address of New Registered Agent**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2007

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	T	<input type="checkbox"/> Delete
NAME	ELLIOTT, PAUL	
STREET ADDRESS	201 S. NOVA RD	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GARAFOLO, LORRY	
STREET ADDRESS	454 S. YONGE ST	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	MD	<input type="checkbox"/> Delete
NAME	CRIPPS, ANDREW	
STREET ADDRESS	165 W. GRANADA BLVD.	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SURGUINE, PATTI	
STREET ADDRESS	191 E GRANADA BLVD.	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MUCCIOLO, TRISH	
STREET ADDRESS	950 N. U.S. ROUTE 1	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	P	<input type="checkbox"/> Delete
NAME	HUNTER, CLAIRE	
STREET ADDRESS	64 KINGLSEY CIRCLE	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT - MEMBERSHIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TONY CAPOZZI	
STREET ADDRESS	721 RIDGEWOOD AVE., SUITE 2	
CITY-ST-ZIP	HOLLY HILL, FL 32117	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT - COMMUNITY DEVELOP.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENT O'QUINN	
STREET ADDRESS	763 W. GRANADA BLVD.	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	VICE PRESIDENT - COMMUNITY EVENTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENT JONES	
STREET ADDRESS	333 W. GRANADA BLVD.	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

*Andrew J. Cripps*  
**ANDREW J. CRIPPS**

1/3/07

386-677-3454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #