

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2006
Secretary of State**

DOCUMENT# N94000003476

Entity Name: NEWBERRY CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

940 N.W. 247TH DRIVE
NEWBERRY, FL 32669 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 495
NEWBERRY, FL 32669

New Mailing Address:

FEI Number: 59-3253711 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COLUNDJIA, JOHN
940 N.W. 247TH DRIVE
NEWBERRY, FL 32669 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: D () Delete
Name: GLANZER, JOY
Address: 25255 WEST NEWBERRY RD
City-St-Zip: NEWBERRY, FL

Title: D (X) Delete
Name: PARKER, SUSAN
Address: 25365 W NEWBERRY RD
City-St-Zip: NEWBERRY, FL 32669

Title: P () Delete
Name: RIZZO, JEFF
Address: 14009 WEST NEWBERRY ROAD
City-St-Zip: NEWBERRY, FL 32669

Title: T () Delete
Name: COLUNDJIA, JOHN
Address: 940 N.W. 247TH DRIVE
City-St-Zip: NEWBERRY, FL 32669 US

Title: S (X) Delete
Name: MC ELROY, MICHAEL
Address: 25365 WEST NEWBERRY ROAD
City-St-Zip: NEWBERRY, FL 32669

Title: D () Delete
Name: SANDERS, SID
Address: 25355 WEST NEWBERRY RD
City-St-Zip: NEWBERRY, FL

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:

Title: D (X) Change () Addition
Name: SANDERS, SID
Address: 25255 WEST NEWBERRY RD
City-St-Zip: NEWBERRY, FL

I hereby certify that the information supplied with this filing does not qualify for the 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: JEFF RIZZO

Electronic Signature of Signing Officer or Director

P

04/29/2006

_____ Date