

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732018

**Entity Name:** WAKULLA COUNTY CHAMBER OF COMMERCE, INC.**Current Principal Place of Business:**23 HIGH DR  
CRAWFORDVILLE, FL 32327**Current Mailing Address:**P O BOX 598  
CRAWFORDVILLE, FL 32326**FEI Number:** 59-1907569**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHUFF, PETRA  
23 HIGH DR  
CRAWFORDVILLE, FL 32327 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\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	SECRETARY
Name	JAMES, GREG
Address	14 PAMELA PLACE
City-State-Zip:	SOPCHOPPY FL 32358

Title	TREASURER
Name	REVELL, JESSICA
Address	P.O. BOX 1605
City-State-Zip:	CRAWFORDVILLE FL 32326

Title	PRESIDENT ELECT
Name	RUSSELL, CHRIS
Address	92 PIMLICO DRIVE
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	PAST PRESIDENT
Name	ARMITAGE, COURTNEY
Address	2592 CRAWFORDVILLE HWY
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	PRESIDENT
Name	PIENTA, RACHEL
Address	53 MEADOWLARK DR
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	VP
Name	BROWN, JOSH
Address	PO BOX 56
City-State-Zip:	CRAWFORDVILLE FL 32326

*I hereby 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 all other like empowered.*

**SIGNATURE: GREG JAMES****SECRETARY****02/12/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date