

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 767304

**Entity Name:** PERDIDO KEY AREA CHAMBER OF COMMERCE, INC.**Current Principal Place of Business:**14620 PERDIDO KEY DR  
PENSACOLA, FL 32507**Current Mailing Address:**14620 PERDIDO KEY DR  
PENSACOLA, FL 32507 US**FEI Number: 59-2993049****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**MORRISON, TINA  
14620 PERDIDO KEY DRIVE  
PENSACOLA, FL 32507 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	CHR
Name	KING, PETER
Address	13661 PERDIDO KEY DRIVE
City-State-Zip:	PENSACOLA FL 32507

Title	TREA, ASST. TREASURER
Name	STROMQUIST, BILL
Address	5549 GARCON AVE
City-State-Zip:	PENSACOLA FL 32507

Title	SEC
Name	BOWEN, SALLY
Address	16300 PERDIDO KEY DRIVE #17
City-State-Zip:	PENSACOLA FL 32507

Title	DIR
Name	MORRISON, TINA
Address	14038 WATERVIEW DRIVE
City-State-Zip:	PENSACOLA FL 32507

Title	VCHR
Name	PRICE, CAMERON
Address	17401 PERDIDO KEY DR
City-State-Zip:	PENSACOLA FL 32507

Title	TREASURER
Name	MOSELEY, NOAH
Address	14620 PERDIDO KEY DR
City-State-Zip:	PENSACOLA FL 32507

*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: TINA MORRISON****DIRECTOR****03/02/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date