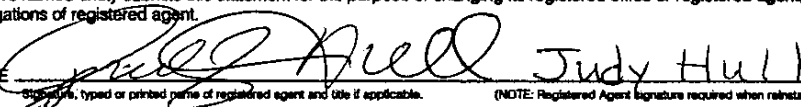
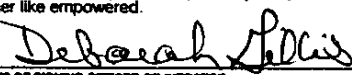


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90314 047 ****61.25

DOCUMENT # 703450 1. Entity Name ISLAMORADA CHAMBER OF COMMERCE, INC.					
Principal Place of Business 83224 OVERSEAS HWY ISLAMORADA, FL 33036			Mailing Address P.O. BOX 915 ISLAMORADA, FL 33036		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1031258	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SPEIDEL, PATRICIA L 83224 OVERSEAS HWY ISLAMORADA, FL 33036				7. Name and Address of New Registered Agent Name JUDY HULL Street Address (P.O. Box Number is Not Acceptable) 83224 OVERSEAS HWY City ISLAMORADA FL 33036	
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  Judy Hull 4-21-05 (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAHN, CARLA PO BOX 318 ISLAMORADA, FL 33036	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KINKELAAR, ED 84001 OVERSEAS HWY ISLAMORADA, FL 33036
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TD GILLIS, DEBORAH PO BOX 484 ISLAMORADA, FL 33036		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SD MOORE, JAN PO BOX 22 ISLAMORADA, FL 33036		☒ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VD KINKELAAR, ED 84001 OVERSEAS HWY ISLAMORADA, FL 33036		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VP DEBORAH GILLIS PO BOX 484 ISLAMORADA, FL 33036		☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SD JAMES C. MORTON 86739 OLD HWY ISLAMORADA, FL 33036		☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TD DEBRA MALONE 81621 OLD HWY ISLAMORADA, FL 33036		☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD KINKELAAR, ED 84001 OVERSEAS HWY ISLAMORADA, FL 33036		☒ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TD GILLIS, DEBORAH PO BOX 484 ISLAMORADA, FL 33036		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SD MOORE, JAN PO BOX 22 ISLAMORADA, FL 33036		☒ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VD KINKELAAR, ED 84001 OVERSEAS HWY ISLAMORADA, FL 33036		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VP DEBORAH GILLIS PO BOX 484 ISLAMORADA, FL 33036		☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SD JAMES C. MORTON 86739 OLD HWY ISLAMORADA, FL 33036		☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TD DEBRA MALONE 81621 OLD HWY ISLAMORADA, FL 33036		☐ Change ☒ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: DEBORAH GILLIS  4/20/05 305-664-4503 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					