

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703450

FILED  
Jan 15, 2007  
Secretary of State

Entity Name: ISLAMORADA CHAMBER OF COMMERCE, INC.

## Current Principal Place of Business:

83224 OVERSEAS HWY  
ISLAMORADA, FL 33036

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 915  
ISLAMORADA, FL 33036

## New Mailing Address:

FEI Number: 59-1031258

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HULL, JUDY  
83224 OVERSEAS HWY  
ISLAMORADA, FL 33036 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: P ( ) Delete  
Name: GILLIS, DEBORAH  
Address: P.O. BOX 484  
City-St-Zip: ISLAMORADA, FL 33036

Title: V ( ) Delete  
Name: KASPRISIN, JAY  
Address: 121 RIVIERA DR  
City-St-Zip: ISLAMORADA, FL 33036

Title: S ( ) Delete  
Name: RECKWERDT, ANNIE  
Address: P.O. BOX 86  
City-St-Zip: ISLAMORADA, FL 33036

Title: T ( ) Delete  
Name: LAWSON, CINDY  
Address: P.O. BOX 1502  
City-St-Zip: ISLAMORADA, FL 33036

Title: D ( ) Delete  
Name: KINKELAAR, ED  
Address: 84001 OVERSEAS HIGHWAY  
City-St-Zip: ISLAMORADA, FL 33036

Title: D ( ) Delete  
Name: MALONE, DEBRA  
Address: 81621 OLD HIGHWAY  
City-St-Zip: ISLAMORADA, FL 33036

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KASPRISIN, JAY  
Address: 121 RIVIERA DR  
City-St-Zip: ISLAMORADA, FL 33036

Title: V (X) Change ( ) Addition  
Name: WALKER, VICKI  
Address: PO BOX 1000  
City-St-Zip: ISLAMORADA, FL 33036

Title: S (X) Change ( ) Addition  
Name: WILSON, SHIRLEY  
Address: PO BOX 317  
City-St-Zip: ISLAMORADA, FL 33036

Title: T (X) Change ( ) Addition  
Name: GENTES, WENDY  
Address: 91500 OVERSEAS HWY  
City-St-Zip: TAVERNIER, FL 33070

Title: D (X) Change ( ) Addition  
Name: GILLIS, DEBORAH  
Address: P.O. BOX 484  
City-St-Zip: ISLAMORADA, FL 33036

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAY KASPRISIN

P

01/15/2007

Electronic Signature of Signing Officer or Director

Date