


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 706191 1. Entity Name GADSDEN COUNTY CHAMBER OF COMMERCE, INC.					
Principal Place of Business 208 N ADAMS ST QUINCY, FL 32351			Mailing Address 208 N ADAMS ST QUINCY, FL 32351		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0558449	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARDNER, DAVID 208 NORTH ADAMS STREET QUINCY, FL 32351				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE 1-17-08	
SIGNATURE <i>David Gardner</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$297.50			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	D GARNER, LEE POST OFFICE BOX 188 CHATTAHOOCHEE, FL 32324 <input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition 700115800847 01/22/08--01059--005 **297.50	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR FRANK HOLCOMB 107 W FRANKLIN ST QUINCY FL 32351 <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR WALTER MCPHERSON 4 E WASHINGTON ST QUINCY FL 32351 <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>1/1/31</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MONTE BRADWELL 18300 BLUE STAR HWY QUINCY FL 32351 <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE DIRECTOR DAVID GARDNER 208 N. ADAMS ST QUINCY FL 32351 <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.					
SIGNATURE: <i>David Gardner</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 1-17-08	

FILED
08 JAN 31 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT
01/17/2008 REIN-NP CR2E099-4707-0708