


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90024 017 \*\*\*\*70.00

<b>DOCUMENT # 706308</b> 1. Entity Name NORTH FLORIDA REGIONAL CHAMBER OF COMMERCE, INC.					
Principal Place of Business 100 EAST CALL STREET STARKE, FL 32091			Mailing Address 100 EAST CALL STREET STARKE, FL 32091		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0570210	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  LILLY, RONALD CEO 100 EAST CALL STREET STARKE, FL 32091			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.			SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CM COOPER, JOHN <input checked="" type="checkbox"/> Delete 100 EAST CALL STREET STARKE, FL 32091				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC WEAVER, DEAN <input checked="" type="checkbox"/> Delete 100 EAST CALL STREET STARKE, FL 32091				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'NEAL, DARREL <input type="checkbox"/> Delete 100 EAST CALL STREET STARKE, FL 32091				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CATHRIGHT, CHARLEEN <input checked="" type="checkbox"/> Delete 100 EAST CALL STREET STARKE, FL 32091				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERRY, VIRGIL <input type="checkbox"/> Delete 100 EAST CALL STREET STARKE, FL 32091				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, JOHN <input type="checkbox"/> Delete 100 EAST CALL ST. STARKE, FL 32091				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CM Weaver, Dean <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 E. Call St. starke, FL 32091				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Guthright, Charleen <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 E. Call St. starke, FL 32091				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Adams, Bill <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 100 E. Call St. starke, FL 32091				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # (904) 964-5278					