2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008
Secretary of State

DOCUMENT# 707141

Entity Name: DE SOTO COUNTY CHAMBER OF COMMERCE INCORPORATED

Current Principal Place of Business:

16 S. VOLUSIA AVENUE
ARCADIA, FL 33821

New Principal Place of Business:

Current Mailing Address:

16 SOUTH VOLUISA AVE.
ARCADIA, FL 34266 US

New Mailing Address:

FEI Number: 59-0578706 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

AMES, ANDEW T CPA
128 W. OAK ST
ARCADIA, FL 34266 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: SPENCER, KIM
Address: 20610 TAPAN LEE DR
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VPD ( ) Delete
Name: WILLIAMS, LINDA
Address: P.O. BOX 883
City-St-Zip: ARCADIA, FL 34265

Title: SD ( ) Delete
Name: QUAVE, GENIE
Address: 3576 SE MONTGOMERY CIR
City-St-Zip: ARCADIA, FL 34266

Title: TD ( ) Delete
Name: WELCH, REECE
Address: 1960 SE MARYLAND ST
City-St-Zip: ARCADIA, FL 34266

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WILLIAMS, LINDA
Address: P.O. BOX 883
City-St-Zip: ARCADIA, FL 34265

Title: VPD (X) Change ( ) Addition
Name: SPENCER, KIM
Address: 2061 WILLOW HAMMOCK #202
City-St-Zip: PUNTA GORDA, FL 33952

Title: SD (X) Change ( ) Addition
Name: SANSOSTI, KATHLEEN
Address: 1307 E. OAK STREET
City-St-Zip: ARCADIA, FL 34266

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

Title: VPD ( ) Change (X) Addition
Name: SCHMITZ, JAN
Address: 3451 SE CR 760
City-St-Zip: ARCADIA, FL 34266

I hereby certify that the information supplied with this filing does not qualify 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: LINDA WILLIAMS P 05/08/2008

Electronic Signature of Signing Officer or Director — Date