
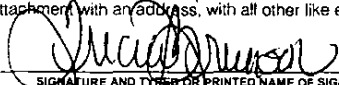


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90069 004 ****61.25

DOCUMENT # 710552 1. Entity Name NICEVILLE-VALPARAISO CHAMBER OF COMMERCE, INC.					
Principal Place of Business 1055 E. JOHN SIMS PKWY NICEVILLE, FL 32578			Mailing Address 1055 E. JOHN SIMS PKWY NICEVILLE, FL 32578		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01092008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-0809806	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent -		7. Name and Address of New Registered Agent			
TRICIA BRUNSON 1055 E. JOHN SIMS PKWY NICEVILLE, FL 32578		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.		FL Zip Code			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____			
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	P TAYLOR, MARION <input checked="" type="checkbox"/> Delete P.O. BOX 8 VALPARAISO, FL 32590				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, GREG <input type="checkbox"/> Delete 1057 E JOHN SMIMS PKWY NICEVILLE, FL 32578				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAY, MARK <input checked="" type="checkbox"/> Delete 2190 HWY 85 N. NICEVILLE, FL 32578				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GOETSCH, DAVID L DR <input type="checkbox"/> Delete 1170 MARTIN LUTHER KING JR BLVD FORT WALTON BEACH, FL 32547				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRUNSON, TRICIA <input type="checkbox"/> Delete 1055 E. JOHN SIMS PKWY NICEVILLE, FL 32578				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Walsh, Brian <input type="checkbox"/> Change <input type="checkbox"/> Addition 1403 Catmar Road Niceville, FL 32578				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Miceli, Philippe <input type="checkbox"/> Change <input type="checkbox"/> Addition 799 John Sims-Pkwy Niceville, FL 32578				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" 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 any address, with all other like empowered.					
SIGNATURE:  3-5-08 (850) 678-2323 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Tricia Brunson