2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# 710552

Entity Name: NICEVILLE-VALPARAISO CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

1055 E. JOHN SIMS PKWY
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

1055 E. JOHN SIMS PKWY
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 59-0809806 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRICIA BRUNSON
1055 E. JOHN SIMS PKWY
NICEVILLE, FL 32578 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: D ( ) Delete
Name: WALSH, BRIAN
Address: 1403 CATNAR ROAD
City-St-Zip: NICEVILLE, FL 32578

Title: C ( ) Delete
Name: SMITH, GREG
Address: 1057 E JOHN SMIMS PKWY
City-St-Zip: NICEVILLE, FL 32578

Title: D ( ) Delete
Name: MICELI, PHILIPPE
Address: 799 JOHN SIMS PKWY
City-St-Zip: NICEVILLE, FL 32578

Title: D ( ) Delete
Name: GOETSCH, DAVID L DR
Address: 1170 MARTIN LUTHER KING JR BLVD
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: S ( ) Delete
Name: BRUNSON, TRICIA
Address: 1055 E. JOHN SIMS PKWY
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition
Name: WALSH, BRIAN
Address: 1403 CATNAR ROAD
City-St-Zip: NICEVILLE, FL 32578

Title: D (X) Change ( ) Addition
Name: SMITH, GREG
Address: 1057 E JOHN SMIMS PKWY
City-St-Zip: NICEVILLE, FL 32578

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

Title: D (X) Change ( ) Addition
Name: SUMMERLIN, SCOTT
Address: 1020 E JOHN SIMS PKWY
City-St-Zip: NICEVILLE, FL 32578

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

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: TRICIA BRUNSON S 02/05/2009

Electronic Signature of Signing Officer or Director — Date