2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# 711385

Entity Name: INDIANTOWN WESTERN MARTIN COUNTY CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

15935 S.W. WARFIELD
INDIANTOWN, FL 34956 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 602
INDIANTOWN, FL 34956 US

New Mailing Address:

FEI Number: 59-2058229 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LASS, JOHN
15935 S.W. WARFIELD
INDIANTOWN, FL 34956 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: TREA ( ) Delete
Name: POWERS, BRIAN
Address: 16600 SW WARFIELD BLVD
City-St-Zip: INDIANTOWN, FL 34956

Title: P ( ) Delete
Name: LASS, JOHN
Address: 1700 SE MONTEREY ROAD
City-St-Zip: STUART, FL 34996

Title: SEC ( ) Delete
Name: HOLT, MARY ANN
Address: 15925 SW WARFIELD BLVD
City-St-Zip: INDIANTOWN, FL 34956

Title: VP ( ) Delete
Name: HARDY, KEITH
Address: P.O. BOX 176
City-St-Zip: INDIANTOWN, FL 34956

Title: PP (X) Delete
Name: BECKY, HARRISON
Address: 8601 SW HOPWOOD AVENUE
City-St-Zip: INDIANTOWN, FL 34956

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TREA (X) Change ( ) Addition
Name: AUAD, TERESA E SR.
Address: 16652 SW WARFIELD BLVD
City-St-Zip: INDIANTOWN, FL 34956

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

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

Title: VP (X) Change ( ) Addition
Name: ARECHABALA, MIKE MR.
Address: P.O. BOX 176
City-St-Zip: INDIANTOWN, FL 34956

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SR. TERESA E. AUAD TREA 04/13/2005
Electronic Signature of Signing Officer or Director — Date