2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 19, 2006
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:

POST, ROBERT JR.
15851 SW FARMS RD
INDIANTOWN, FL 34956 US

Name and Address of New Registered Agent:

FISH, ALLON MR.
15935 SW. WARFIELD BLVD.
INDIANTOWN, FL 34956 US

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: ALLON FISH 04/19/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

Title: P ( ) Delete
Name: POST, ROBERT JR.
Address: 15851 SW FARMS RD.
City-St-Zip: INDIANTOWN, FL 34956

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: TERESA AUAD T 04/19/2006
Electronic Signature of Signing Officer or Director Date