


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90043 001 ****61.25

DOCUMENT # 711385	
1. Entity Name INDIANTOWN WESTERN MARTIN COUNTY CHAMBER OF COMMERCE, INC.	

Principal Place of Business 15935 S.W. WARFIELD INDIANTOWN, FL 34956 US	Mailing Address P.O. BOX 602 INDIANTOWN, FL 34956 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03192007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2058229		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FISH, ALLON MR. 15935 SW. WARFIELD BLVD. INDIANTOWN, FL 34956		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE TREA	NAME AJAD, TERESA E SR.	<input checked="" type="checkbox"/> Delete	TITLE D. ARTHUR MATSON	NAME 16142 SW FIVE WOOD WAY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 16652 SW WARFIELD BLVD	CITY-ST-ZIP INDIANTOWN, FL 34956		STREET ADDRESS INDIANTOWN, FL 34956		
TITLE P	NAME POST, ROBERT JR.	<input checked="" type="checkbox"/> Delete	TITLE TREASURER	NAME J.D. STCLERY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 15851 SW FARMS RD.	CITY-ST-ZIP INDIANTOWN, FL 34956		STREET ADDRESS 15588 SW WARFIELD BLVD	CITY-ST-ZIP INDIANTOWN, FL 34956	
TITLE SEC	NAME HOLT, MARY ANN	<input type="checkbox"/> Delete	TITLE CE	NAME DONNA CARMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 15925 SW WARFIELD BLVD	CITY-ST-ZIP INDIANTOWN, FL 34956		STREET ADDRESS 15518 SW OSCEOLA ST.	CITY-ST-ZIP INDIANTOWN, FL 34956	
TITLE WATSON, SCOTT MR.	NAME P.O. BOX 176	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS INDIANTOWN, FL 34956	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	

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 an address, with all other like empowered.

SIGNATURE:  **04-03-07 772-587-2487**