2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#711385

FILED Mar 24, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 15935 S.W. WARFIELD INDIANTOWN, FL 34956 US **Current Mailing Address: New Mailing Address:** P.O. BOX 602 INDIANTOWN, FL 34956 US FEI Number: 59-2058229 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FISH, ALLON MR 15935 SW. WARFIELD BLVD. INDIANTOWN, FL 34956 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MATSON, ARTHUR Name: Name: 16142 SW FIVE WOOD WAY Address: Address: City-St-Zip: INDIANTOWN, FL 34956 City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: STUERGY, JD Name: ST CLERGY, JD Address: 15588 SW WARFIELD BLVD Address: 15588 SW WARFIELD BLVD City-St-Zip: INDIANTOWN, FL 34956 City-St-Zip: INDIANTOWN, FL 34956 Title: SEC () Delete Title: SEC (X) Change () Addition HOLT, MARY ANN BEAUSOLEIL, ANDREA R MS. Name: Name: 15925 SW WARFIELD BLVD 2601 S.W. HIGH MEADOW AVENUE Address: Address: City-St-Zip: INDIANTOWN, FL 34956 City-St-Zip: PALM CITY, FL 34990 Title: () Delete Title: () Change () Addition Name: WATSON, SCOTT MR. Name: Address: P.O. BOX 176 Address: City-St-Zip: INDIANTOWN, FL 34956 City-St-Zip: Title: () Delete Title: () Change () Addition CARMAN, DONNA Name: Name: 15518 SW OSCEOLA ST Address: Address: City-St-Zip: INDIANTOWN, FL 34956 City-St-Zip: Title: () Delete Title: () Change (X) Addition FISH, ALLON R MR. Name: Name: Address: Address: 15935 S.W. WARFIELD BLVD. INDIANTOWN, FL 34956 City-St-Zip: 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: ALLON R. FISH PRES 03/24/2008