

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711385

FILED
Jan 22, 2009
Secretary of State

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 ()

Name and Address of Current Registered Agent:

FISH, ALLON MR.
15935 SW. WARFIELD BLVD.
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: D () Delete
Name: MATSON, ARTHUR
Address: 16142 SW FIVE WOOD WAY
City-St-Zip: INDIANTOWN, FL 34956

Title: T () Delete
Name: ST CLERGY, JD
Address: 15588 SW WARFIELD BLVD
City-St-Zip: INDIANTOWN, FL 34956

Title: SEC () Delete
Name: BEAUSOLEIL, ANDREA R MS.
Address: 2601 S.W. HIGH MEADOW AVENUE
City-St-Zip: PALM CITY, FL 34990

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

Title: CE () Delete
Name: CARMAN, DONNA
Address: 15518 SW OSCEOLA ST
City-St-Zip: INDIANTOWN, FL 34956

Title: P () Delete
Name: FISH, ALLON R MR.
Address: 15935 S.W. WARFIELD BLVD.
City-St-Zip: INDIANTOWN, FL 34956

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MATSON, ARTHUR MR
Address: 16142 SW FIVE WOOD WAY
City-St-Zip: INDIANTOWN, FL 34956

Title: VC (X) Change () Addition
Name: ST CLERGY, JD MR
Address: 15588 SW WARFIELD BLVD
City-St-Zip: INDIANTOWN, FL 34956

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

Title: PC (X) Change () Addition
Name: WATSON, SCOTT MR.
Address: P.O. BOX 176
City-St-Zip: INDIANTOWN, FL 34956

Title: C (X) Change () Addition
Name: CARMAN, DONNA MS
Address: 15518 SW OSCEOLA ST
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 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

01/22/2009

Electronic Signature of Signing Officer or Director

Date