
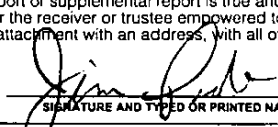


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90080 016 \*\*\*\*61.25

<b>DOCUMENT # 712487</b> 1. Entity Name LAKE CITY, COLUMBIA COUNTY CHAMBER OF COMMERCE, INC.					
Principal Place of Business 162 S MARION AVE LAKE CITY, FL 32025-4354 US				Mailing Address 162 S MARION AVE LAKE CITY, FL 32025-4354 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  POOLE, JIM 162 S MARION AVENUE LAKE CITY, FL 32025				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NORRIS, GUY 325 CLUBVIEW CIRCLE LAKE CITY, FL 32055	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEWIS, LEE 4307 US HIGHWAY 90 WEST LAKE CITY, FL 32055	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED POOLE, JIM 106 SOUTH MARION STREET LAKE CITY, FL 32025	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULLOCK, STEVE 10 N. COLUMBIA STREET LAKE CITY, FL 32055	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, JOHN W III 220 S. FIRST STREET LAKE CITY, FL 32025	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORWETZ, IRV 423 S. MARION STREET LAKE CITY, FL 32025	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> 		Jim Poole, Executive Director 01/12/2006 386/752-3690			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

# ATTACHMENT

40003385

# 712487

## LAKE CITY-COLUMBIA COUNTY CHAMBER OF COMMERCE OFFICERS AND DIRECTORS AS OF DECEMBER 31, 2005

BRUCE NAYLOR PRESIDENT	160 NW MAIN BLVD	LAKE CITY, FL 32055
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CHARLES HALL PRESIDENT-ELECT	149 SE COLLEGE PLACE	LAKE CITY, FL 32055
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KEITH BROWN TREASURER	134 SE COLBURN AVE	LAKE CITY, FL 32025
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JIM POOLE EXECUTIVE DIRECTOR	162 S. MARION AVE	LAKE CITY, FL 32025
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### **DIRECTORS:**

T/D/KEITH BROWN	134 SE COLBURN AVE	LAKE CITY, FL 32055
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D/CHRIS BULLARD	212 N MARION AVE	LAKE CITY, FL 32055
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D/JOHN BURLEY	160 NW MAIN BLVD	LAKE CITY, FL 32025
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D/STEPHEN DOUGLAS	442 SW ST. MARGARET ST.	LAKE CITY, FL 32025
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D/BRUCE DRAWDY	738 SW MAIN BLVD	LAKE CITY, FL 32025
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D/DAN GHERNA	326 NW HOUSEMAN CT	LAKE CITY, FL 32025
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P/E/D/DR. CHARLES HALL	149 SE COLLEGE PLACE	LAKE CITY, FL 32025
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D/LEE ANN HIRES	175 NW WASHINGTON ST	LAKE CITY, FL 32055
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D/GEORGIA JONES	2571 W US HWY. 90	LAKE CITY, FL 32055
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D/JOHN KASAK	904 SW SR 247	LAKE CITY, FL 32025
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D/FRED LAWSON	451 NW FAIRWAY DRIVE	LAKE CITY, FL 32055
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P/D/BRUCE NAYLOR	173 NW HILLSBORO STREET	LAKE CITY, FL 32055
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D/BRUCE ROBINSON	582 W DUVAL STREET	LAKE CITY, FL 32055
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D/WES SMALL	236 SW ALACHUA AVE	LAKE CITY, FL 32025
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D/BRAD WHEELER	3596 S US HWY 441	LAKE CITY, FL 32025
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