

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717721

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: MARIANNA CHAMBER OF COMMERCE, INC.

## Current Principal Place of Business:

JACKSON COUNTY CHAMBER OF COMMERCE  
4318 LAFAYETTE STREET  
MARIANNA, FL 32446 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 130  
MARIANNA, FL 32447 US

## New Mailing Address:

FEI Number: 59-0344533

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JACKSON COUNTY CHAMBER OF COMMERCE  
4318 LAFAYETTE STREET  
MARIANNA, FL 32446 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: PCEO ( ) Delete  
Name: KIMBROUGH, ART  
Address: 4318 LAFAYETTE ST  
City-St-Zip: MARIANNA, FL 32446

Title: T ( ) Delete  
Name: WILLIAMS, KEITH  
Address: 4648 HWY 98 E  
City-St-Zip: MARIANNA, FL 32446

Title: PC ( ) Delete  
Name: GRIFFIN, KENNY  
Address: 4636 HWY 90 STE E  
City-St-Zip: MARIANNA, FL 32446

Title: C ( ) Delete  
Name: WARD, BYRON  
Address: 4433 JACKSON ST  
City-St-Zip: MARIANNA, FL 32446

Title: D (X) Delete  
Name: KINCHEN, THOMAS  
Address: 5400 COLLEGE DR  
City-St-Zip: GRACEVILLE, FL 32440

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change ( ) Addition  
Name: HUDSON, CHUCK  
Address: 4325 LAFAYETTE STREET  
City-St-Zip: MARIANNA, FL 32446

Title: PC (X) Change ( ) Addition  
Name: WARD, BYRON  
Address: 4433 JACKSON STREET  
City-St-Zip: MARIANNA, FL 32448

Title: C (X) Change ( ) Addition  
Name: KINCHEN, THOMAS A  
Address: 5400 COLLEGE DRIVE  
City-St-Zip: GRACEVILLE, FL 32440

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 Section 119.07(3)(i), 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: ART KIMBROUGH

PCEO

04/25/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date