2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717721

City-St-Zip:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

MARIANNA, FL 32446

MARIANNA, FL 32446

TOMMY, LASSMANN

MARIANNA, FL 32446

4318 LAFAYETTE STREET

CHUCK, HUDSON

4701 HWY 90

() Delete

() Delete

PC

VC

FILED Mar 20, 2008 Secretary of State

Entity Name: JACKSON COUNTY CHAMBER OF COMMERCE, INC.

Current Principal Place of Business: New Principal Place of Business: JACKSON COUNTY CHAMBER OF COMMERCE 4318 LAFAYETTE STREET MARIANNA, FL 32446 **New Mailing Address: Current Mailing Address:** P.O. BOX 130 MARIANNA, FL 32447 US FEI Number: 59-0344533 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: JACKSON COUNTY CHAMBER OF COMMERCE 4318 LAFAYETTE STREET MARIANNA, FL 32446 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: **PCEO** () Delete () Change () Addition KIMBROUGH, ART Name: Name: 4318 LAFAYETTE ST Address: Address: City-St-Zip: MARIANNA, FL 32446 City-St-Zip: Title: () Delete Title: PC (X) Change () Addition KENT, CHARLES Name: KENT, CHARLES Name: Address: 3960 LAFAYETTE STREET Address: 3960 LAFAYETTE STREET City-St-Zip: MARIANNA, FL 32446 City-St-Zip: MARIANNA, FL 32446 Title: STO () Delete Title: STO (X) Change () Addition YOUNG, STEVE BEAUCHAMP, VICKY Name: Name: Address: 3094 INDIAN CIRCLE Address: 4393 LAFAYETTE STREET

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.

City-St-Zip:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

MARIANNA, FL 32446

TOMMY, LASSMANN 2260 HIGHWAY 71

MARIANNA, FL 32448

4250 HOSPITAL DRIVE

MARIANNA, FL 32446

DAVID, HAMPLE

(X) Change () Addition

(X) Change () Addition

SIGNATURE: ART KIMBROUGH PCEO 03/20/2008