

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 30, 2009
Secretary of State

DOCUMENT# 717721

Entity Name: JACKSON COUNTY 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:** PC () Delete
Name: LASSMANN, TOMMY
Address: 2260 HIGHWAY 71
City-St-Zip: MARIANNA, FL 32448**Title:** STO () Delete
Name: BEAUCHAMP, VICKY
Address: 4393 LAFAYETTE STREET
City-St-Zip: MARIANNA, FL 32446**Title:** C () Delete
Name: JAMIE, STREETMAN
Address: 4999 WHITETAIL DRIVE
City-St-Zip: MARIANNA, FL 32448**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** STO (X) Change () Addition
Name: PUMPHREY, TONY
Address: 4267 LAFAYETTE STREET
City-St-Zip: MARIANNA, FL 32446**Title:** C (X) Change () Addition
Name: STREETMAN, JAMIE
Address: 4999 WHITETAIL DRIVE
City-St-Zip: MARIANNA, FL 32448**Title:** VC () Change (X) Addition
Name: CLEMMONS, SARAH
Address: 3094 INDIAN CIRCLE
City-St-Zip: MARIANNA, FL 32446

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: ART KIMBROUGH

PCEO

07/30/2009

Electronic Signature of Signing Officer or Director

Date