

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90028 024 \*\*\*\*70.00

<b>DOCUMENT # 720392</b> 1. Entity Name <b>THE FORT MEADE CHAMBER OF COMMERCE, INC.</b>					
Principal Place of Business <b>214 WEST BROADWAY, SUITE B P.O. BOX 91 FORT MEADE, FL 33841</b>			Mailing Address <b>214 WEST BROADWAY, SUITE B P.O. BOX 91 FORT MEADE, FL 33841</b>		
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				7. Name and Address of New Registered Agent	
<b>TRIMMIER, ALANA 318 W. "A" STREET FROSTPROOF, FL 33843</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<b>FL</b> Zip Code	
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 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STHRESHLEY, LAWRENCE F III	NAME			
STREET ADDRESS	311 N.E. 1ST. STREET	STREET ADDRESS			
CITY-ST-ZIP	FT. MEADE, FL 33841	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCBRIDE, PATSY	NAME			
STREET ADDRESS	403 E BROADWAY	STREET ADDRESS			
CITY-ST-ZIP	FT. MEADE, FL	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JONES, MARY	NAME	President		
STREET ADDRESS	600 N. BROADWAY	STREET ADDRESS	Bob Elliott		
CITY-ST-ZIP	BARTOW, FL 33830	CITY-ST-ZIP	P.O. Box 60 Fort Meade, FL 33841		
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRIDGEMAN, BEVERLY	NAME	Treasurer		
STREET ADDRESS	3225 SR 630 WEST	STREET ADDRESS	Beverly Graves		
CITY-ST-ZIP	FORT MEADE, FL 33841	CITY-ST-ZIP	16 South Seminole Fort Meade, FL 33841		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GUENTHER, DENNIS	NAME			
STREET ADDRESS	610 NASHUA AVENUE	STREET ADDRESS			
CITY-ST-ZIP	FT. MEADE, FL 33841	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RIDGWAY, FRED	NAME	Director		
STREET ADDRESS	3900 PEEPLES ROAD	STREET ADDRESS	Howie Stoughton		
CITY-ST-ZIP	FT. MEADE, FL 33841	CITY-ST-ZIP	5880 Mantley Road Fort Meade, FL 33841		
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> <i>Alana Trimmier</i> <b>Alana Trimmier</b> 3-2-06 (863) 285-8253					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					