


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # 720392 1. Entity Name THE FORT MEADE CHAMBER OF COMMERCE, INC.	
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Principal Place of Business 214 WEST BROADWAY, SUITE B P.O. BOX 91 FORT MEADE, FL 33841	Mailing Address 214 WEST BROADWAY, SUITE B P.O. BOX 91 FORT MEADE, FL 33841
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03282008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1801080	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CINO, REGINA
804 NE 7TH ST
FORT MEADE, FL 33841

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and where applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000906842
05/05/08-80014-016 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCBRIDE, PATSY 403 E BROADWAY FT. MEADE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELLIOTT, BOB P.O. BOX 60 FORT MEADE, FL 33841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRAVES, BERVERLY 16 SOUTH SEMINOLE FORT MEADE, FL 33841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUENTHER, DENNIS 610 NASHUA AVENUE FT. MEADE, FL 33841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOUGHTON, HOWIE 5880 MANTEY ROAD FT. MEADE, FL 33841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

Beverly W. Graves

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/08

Date

Daytime Phone #