

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90025 011 ****61.25

DOCUMENT # 722114

1. Entity Name
DELAND AREA CHAMBER OF COMMERCE



Principal Place of Business
**336 N WOODLAND BLVD
DELAND, FL 32720-495 US**

Mailing Address
**336 N WOODLAND BLVD
DELAND, FL 32720-495 US**

50009666



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-0217110

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STUMBRAS, JENNY
336 N WOODLAND BLVD
DELAND, FL 32720**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **THOMAS, ANDREW**
STREET ADDRESS **1625 LAKESIDE DR**
CITY-ST-ZIP **DELAND, FL 32720**

TITLE **PP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **DELOACH, JOYCE**
STREET ADDRESS **220 E. UNIVERSITY AVE**
CITY-ST-ZIP **DELAND, FL 32724**

TITLE **PE** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PE** ☐ Delete
NAME **HALPERIN, SANDY**
STREET ADDRESS **116 OVERTOW GARDENS LANE**
CITY-ST-ZIP **DELAND, FL 32724**

TITLE **P** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **BIRNIE, FREDRICK R**
STREET ADDRESS **840 ORANGEWOOD AVE.**
CITY-ST-ZIP **DELAND, FL 32724**

TITLE **VP** ☐ Change ☒ Addition
NAME **Blaine Aldrich**
STREET ADDRESS **127 S. Florida Ave.**
CITY-ST-ZIP **DeLand, FL 32720**

TITLE **PD** ☐ Delete
NAME **MENTZER, WALT**
STREET ADDRESS **1081 TORCHWOOD DR**
CITY-ST-ZIP **DELAND, FL 32720**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **PIPPEN, JACK**
STREET ADDRESS **103 BELCHASE CT**
CITY-ST-ZIP **DEBARY, FL 32713**

TITLE **T** ☐ Change ☒ Addition
NAME **Neil Pistana**
STREET ADDRESS **1340 Ridgewood Ave.**
CITY-ST-ZIP **Holly Hill, FL 32117**

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: Jenny Stumbras Jenny Stumbras

4-4-06

(386) 734-4331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #