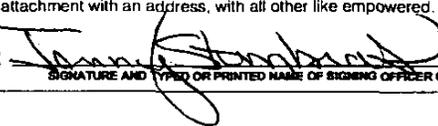


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90209 010 \*\*\*\*61.25

<b>DOCUMENT # 722114</b>			
1. Entity Name DELAND AREA CHAMBER OF COMMERCE			
Principal Place of Business 336 N WOODLAND BLVD DELAND, FL 32720-496 US		Mailing Address 336 N WOODLAND BLVD DELAND, FL 32720-496 US	
2. Principal Place of Business - No P.O. Box #		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	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE WATTS, MARK 351 E. NEW YORK AVE. DELAND, FL 32724 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACKSON, MARCIA 312 N. WOODLAND BLVD. DELAND, FL 32720 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEER, TERRI 113 CHIPOLA AVE. DELAND, FL 32720 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DARYL Tol, FL Hospital-Delano <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 701 W. Plymouth Ave Delano FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALDRICH, BLAINE 127 S FLORIDA AVE DELAND, FL 32720 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Robert Delgado, Regions Bank <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1699A N. WOODLAND BLVD Delano FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ETHRIDGE, MIKE 142 E. NEW YORK AVE. DELAND, FL 32724 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PISTANA, NEIL 1340 RIDGEWOOD AVE HOLLY HILL, FL 32117 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE Andy Grose, Trophy Factory Plus <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 815 W. New York Ave Delano FL 32720
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: 		Date: 2-28-08 (386) 734-4331	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	