

DOCUMENT # 722933

1. Entity Name

CARRABELLE AREA CHAMBER OF COMMERCE, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

02-01-2000 90098 009 ****61.25

Principal Place of Business HWY. 98 CARRABELLE FL 32322		Mailing Address P.O. DRAWER DD CARRABELLE FL 32322-1230	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2386438		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent STEPHENSON, BONNIE P.O. BOX 488 CARRABELLE FL 32322		7. Name and Address of New Registered Agent Name <u>Bonnie Stephenson</u> Street Address (P.O. Box Number is Not Acceptable) <u>714 GEORGIA AVE.</u> City <u>Carrabelle</u> FL <u>32322</u>	
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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.

SIGNATURE: Bonnie Stephenson Bonnie Stephenson, Executive Director 1/24/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALTERS, RONALD P O BOX 875 EAST POINT FL 32328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOFTIN, THOMAS W P O BOX 331 CARRABELLE FL 32322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURDICK, JEANNE P O BOX 1358 CARRABELLE FL 32322 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition FLG Coody P.O. Box 1060 Carrabelle, FL 32322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SUMMERHILL, VICKY P O BOX 444 CARRABELLE FL 32322 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DAVID BUTLER P.O. DRAWER 66 Carrabelle, FL 32322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMIDT, HELEN P O BOX 571 CARRABELLE FL 32322 <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	SD TOPPING, RENE P O BOX 697 CARRABELLE FL 32322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: FLG Coody FLG Coody
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/0 850-697-8149
Date Daytime Phone #