

DOCUMENT # 722933

1. Entity Name
CARRABELLE AREA CHAMBER OF COMMERCE, INC.

Principal Place of Business
HWY. 98
CARRABELLE FL 32322

Mailing Address
P.O. DRAWER DD
CARRABELLE FL 32322

2. Principal Place of Business
710 SE Ave B - Suite 8
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

Zip
Country

FILED
Jan 16, 2001 8:00 am
Secretary of State
01-16-2001 90048 014 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2386438

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
STEPHENSON, BONNIE
714 GEORGIA AVENUE 708 Three Rivers Rd.
CARRABELLE FL 32322

7. Name and Address of New Registered Agent
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.

SIGNATURE *Bonnie Stephenson* *Bonnie Stephenson, Executive Director 1/12/00*
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	VP	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALTERS, RONALD		NAME	Ronald Treutel	
STREET ADDRESS	P O BOX 875		STREET ADDRESS	1859 Hwy 98 West	
CITY-ST-ZIP	EAST POINT FL 32328		CITY-ST-ZIP	Carrabelle, FL 32322	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOFTIN, THOMAS W		NAME	Sheila Hauser	
STREET ADDRESS	P O BOX 331		STREET ADDRESS	P.O. Box 1221	
CITY-ST-ZIP	CARRABELLE FL 32322		CITY-ST-ZIP	Lanark Village, FL 32323	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COODY, FLO		NAME	Linda Madden	
STREET ADDRESS	P O BOX 1356		STREET ADDRESS	P.O. Box 606	
CITY-ST-ZIP	CARRABELLE FL 32322		CITY-ST-ZIP	Carrabelle, FL 32322	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, DAVID		NAME		
STREET ADDRESS	P O BOX 444		STREET ADDRESS		
CITY-ST-ZIP	CARRABELLE FL 32322		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHMIDT, HELEN		NAME	Ann Deloney	
STREET ADDRESS	P O BOX 571		STREET ADDRESS	P.O. Box 992	
CITY-ST-ZIP	CARRABELLE FL 32322		CITY-ST-ZIP	Carrabelle, FL 32322	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOPPING, RENE		NAME		
STREET ADDRESS	P O BOX 697		STREET ADDRESS		
CITY-ST-ZIP	CARRABELLE FL 32322		CITY-ST-ZIP		

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: *Ronald Treutel* *1/12/01 850-697-2585*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)