


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90034 033 ****61.25

DOCUMENT # 722933 1. Entity Name: CARRABELLE AREA CHAMBER OF COMMERCE, INC.					
Principal Place of Business 710 SE AVE B SUITE 8 CARRABELLE FL 32322			Mailing Address P.O. DRAWER DD CARRABELLE FL 32322		
2. Principal Place of Business 105 ST JAMES AVE		3. Mailing Address Suite, Apt. #, etc.			
City & State CARRABELLE FL		City & State Suite, Apt. #, etc.		4. FEI Number 59-3447315	
Zip 32322		Country FRANKLIN		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEPHENSON, BONNIE 710 THREE RIVERS RD CARRABELLE FL 32322				7. Name and Address of New Registered Agent Name LORRAINE DOWDEN Street Address (P.O. Box Number is Not Acceptable) 143 CONNECTICUT STREET City CARRABELLE FL Zip Code 32322	
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 <i>Lorraine Dowden</i> (NOTE: Registered Agent signature required when reinstating) DATE 1/21/04					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	VP HAUSER, SHELIA PO BOX 1221 LANARK VILLAGE FL 32323 <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	D REUTEL, RONALD 1859 HWY 98 WEST 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	T HILDEBRANDT, KAREN PO BOX 632 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	D BUTLER, DAVID P O BOX 444 CARRABELLE FL 32322 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAY THOMPSON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 632 CARRABELLE, FL 32322		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRINK, SKIP PO BOX 75 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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAUL MARXSEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 629 CARRABELLE, FL 32322		
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: <i>Lorraine Dowden</i> LORRAINE DOWDEN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1/23/04 Daytime Phone # 850-697-2585		