

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 722933**

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



Principal Place of Business  
**105 ST JAMES AVE  
SUITE 8  
CARRABELLE, FL 32322**

Mailing Address  
**P.O. DRAWER DD  
CARRABELLE, FL 32322**



01092006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3447315**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**DOWDEN, LORRAINE  
143 CONNETICUT STREET  
CARRABELLE, FL 32322**

**DO NOT WRITE  
IN THIS SPACE**

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 Lorraine Dowden, Exec. Director LORRAINE DOWDEN 1/9/06  
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**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HAUSER, SHELIA
STREET ADDRESS	PO BOX 1221
CITY-ST-ZIP	LANARK VILLAGE, FL 32323
TITLE	T
NAME	HILDEBRANDT, KAREN
STREET ADDRESS	PO BOX 632
CITY-ST-ZIP	CARRABELLE, FL 32322
TITLE	V
NAME	THOMPSON, RAY
STREET ADDRESS	PO BOX 632
CITY-ST-ZIP	CARRABELLE, FL 32322
TITLE	D
NAME	FRINK, SKIP
STREET ADDRESS	PO BOX 75
CITY-ST-ZIP	CARRABELLE, FL 32322
TITLE	D
NAME	MARXSEN, PAUL
STREET ADDRESS	PO BOX 629
CITY-ST-ZIP	CARRABELLE, FL 32322
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000385164  
01/18/06-80005-019 61.25

**DO NOT WRITE  
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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: KAREN HILDEBRANDT Karen Hildebrandt 1/9/06 850/697-2585  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone