

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722933

FILED
May 04, 2010
Secretary of State

Entity Name: CARRABELLE AREA CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

105 ST JAMES AVE
SUITE 8
CARRABELLE, FL 32322

New Principal Place of Business:

Current Mailing Address:

P.O. DRAWER DD
CARRABELLE, FL 32322

New Mailing Address:

FEI Number: 59-3447315 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MARXSEN, PAUL
108 SE AVE B
CARRABELLE, FL 32322 US

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP
Name: HAUSER, SHEILA
Address: PO BOX 1221
City-St-Zip: LANARK VILLAGE, FL 32323

Title: DS
Name: ZURAWKA, CAROL
Address: 2606 HWY 98 W
City-St-Zip: CARRABELLE, FL 32322

Title: D
Name: FRINK, SKIP
Address: PO BOX 75
City-St-Zip: CARRABELLE, FL 32322

Title: T
Name: MARXSEN, PAUL
Address: PO BOX 629
City-St-Zip: CARRABELLE, FL 32322

Title: D
Name: BUTLER, DAVID
Address: PO BOX GG
City-St-Zip: CARRABELLE, FL 32322

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL MARXSEN

D

05/04/2010

Electronic Signature of Signing Officer or Director

Date