

# **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