

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2003 8:00 am**  
**Secretary of State**

02-11-2003 90084 042 \*\*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number ~~59-2386438~~  
**59-3447315**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEPHENSON, BONNIE  
~~700~~ THREE RIVERS RD 710  
CARRABELLE FL 32322**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Bonnie Stephenson  
Signature, typed or printed name of registered agent and title if applicable.

Bonnie Stephenson  
(NOTE: Registered Agent signature required when reinstating)

1-16-03  
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  
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	P TVEUTEL, RONALD 1859 HWY 98 WEST CARRABELLE FL 32322	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLAIR, LINDA PO BOX 606 CARRABELLE FL 32322	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, DAVID P O BOX 444 CARRABELLE FL 32322	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTER, RONALD PO BOX 875 EASTPOINT FL 32328	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TOPPING, RENE P O BOX 697 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	Director P.O. Box 1221 Carrabelle, FL 32322	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Hildebrandt, Karen P.O. Box 632 Carrabelle, FL 32322	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President FRANK, Skip P.O. Box 75 CARRABELLE, FL 32322	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

Skip Frink  
Skip Frink Pres 1-16-03 850-697-2585

CR2E037 (10/02)