


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 8:00 am
Secretary of State

01-09-2008 90010 019 ****61.25

DOCUMENT # 732018

1. Entity Name
WAKULLA COUNTY CHAMBER OF COMMERCE, INC.



Principal Place of Business
**23 HIGH DR
 CRAWFORDVILLE, FL 32327**

Mailing Address
**P O BOX 598
 CRAWFORDVILLE, FL 32326-7598**

2. Principal Place of Business - No P.O. Box #
23 High Dr

3. Mailing Address
PO Box 598

Suite, Apt. #, etc.

City & State
Crawfordville, FL

City & State
Crawfordville, FL


Zip
32327

Country
USA

Zip
32326

Country
USA

400000



01042008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

**BERGER, TOM
 23 HIGH DR
 CRAWFORDVILLE, FL 32327**

4. FEI Number
59-1907569

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

TITLE	PE	<input checked="" type="checkbox"/> Delete
NAME	BUCKRIDGE, DAVE	
STREET ADDRESS	P O BOX 1240	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32326	
TITLE	PP	<input checked="" type="checkbox"/> Delete
NAME	BROWN, STEVE	
STREET ADDRESS	PO BOX 129	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32326	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GABY, SCOTT	
STREET ADDRESS	P O BOX 610	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32326	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HONEY, DAVID	
STREET ADDRESS	15 OAK ST	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, PAUL	
STREET ADDRESS	537 HICKORYWOOD DR	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MOORE, KIMBERLY	
STREET ADDRESS	325 JOHN KNOX RD, BLDG B-100	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President Elect	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Harvey	
STREET ADDRESS	15 Oak St	
CITY-ST-ZIP	Crawfordville, FL 32327	
TITLE	Past President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Gaby	
STREET ADDRESS	PO Box 610	
CITY-ST-ZIP	Crawfordville, FL 32326	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dave Buckridge	
STREET ADDRESS	PO Box 1240	
CITY-ST-ZIP	Crawfordville, FL 32326	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Johnson	
STREET ADDRESS	537 Hickorywood Dr	
CITY-ST-ZIP	Crawfordville, FL 32327	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nimberly Hoore	
STREET ADDRESS	325 John Knox Rd Bldg-3-100	
CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Amy Geiger	
STREET ADDRESS	2592 Crawfordville Hwy	
CITY-ST-ZIP	Crawfordville, FL 32327	

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: Scott W. Gaby Scott W. Gaby 1/8/08 (850) 926-7111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #