

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732018

FILED
Jan 07, 2009
Secretary of State

Entity Name: WAKULLA COUNTY CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

23 HIGH DR
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

P O BOX 598
CRAWFORDVILLE, FL 32326

New Mailing Address:

FEI Number: 59-1907569

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERGER, TOM
23 HIGH DR
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

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: PE () Delete
Name: HARVEY, DAVID
Address: 15 OAK ST
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: PP () Delete
Name: GABY, SCOTT
Address: P.O. BOX 610
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: P () Delete
Name: BUCKRIDGE, DAVE
Address: P.O. BOX 1240
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: VP () Delete
Name: JOHNSON, PAUL
Address: 537 HICKORY WOOD DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T () Delete
Name: MOORE, KIMBERLY
Address: 325 JOHN KNOX RD BLDG B-100
City-St-Zip: TALLAHASSEE, FL 32303

Title: S () Delete
Name: GEIGER, AMY
Address: 2592 CRAWFORDVILLE HWY
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PE (X) Change () Addition
Name: MOORE, KIMBERLY
Address: 325 JOHN KNOX ROAD, BUILDING B-100
City-St-Zip: TALLAHASSEE, FL 32303

Title: PP (X) Change () Addition
Name: BUCKRIDGE, DAVID
Address: P.O. BOX 610
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: P (X) Change () Addition
Name: JOHNSON, PAUL
Address: 537 HICKORYWOOD DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VP (X) Change () Addition
Name: SHUFF, JOHN
Address: 87 TUPELO DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T (X) Change () Addition
Name: GEIGER, AMY
Address: 2592 CRAWFORDVILLE HWY
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S (X) Change () Addition
Name: COURTIER, TONI
Address: 2190 CRAWFORDVILLE HWY
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAUL G. JOHNSON

P

01/07/2009

Electronic Signature of Signing Officer or Director

Date