


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90088 049 \*\*\*\*61.25

<b>DOCUMENT # 733612</b>					
<b>1. Entity Name</b> NAVARRE BEACH AREA CHAMBER OF COMMERCE, INC.					
<b>Principal Place of Business</b> 1917 NAVARRE SCHOOL RD NAVARRE, FL 32566 US			<b>Mailing Address</b> P O BOX 5430 NAVARRE, FL 32566 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-1652314	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
NEWBY, KATHY 1917 NAVARRE SCHOOL ROAD NAVARRE, FL 32566			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> DP <b>NAME</b> SYLE, DOROTHY <b>STREET ADDRESS</b> 1809 PRADO ST <b>CITY-ST-ZIP</b> NAVARRE, FL 32566	<input type="checkbox"/> Delete		<b>TITLE</b> Director, Past President <b>NAME</b> Bart R. Pullum <b>STREET ADDRESS</b> 8494 Navarre Parkway <b>CITY-ST-ZIP</b> Navarre, FL 32566	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> KAGAN, JON <b>STREET ADDRESS</b> 7552 NAVARRE PKWY, STE 19 <b>CITY-ST-ZIP</b> NAVARRE, FL 32566	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> President <b>NAME</b> Bart R. Pullum <b>STREET ADDRESS</b> 8494 Navarre Parkway <b>CITY-ST-ZIP</b> Navarre, FL 32566	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> DT <b>NAME</b> MARTIN, KATHI <b>STREET ADDRESS</b> 2200 HWY 87 <b>CITY-ST-ZIP</b> NAVARRE, FL 32566	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> DT <b>NAME</b> Richard H. Cantin <b>STREET ADDRESS</b> 7552 Navarre Pkwy, Suite 35 <b>CITY-ST-ZIP</b> Navarre, FL 32566	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> DPE <b>NAME</b> TAYLOR, ED <b>STREET ADDRESS</b> 140 HOLLYWOOD BLVD <b>CITY-ST-ZIP</b> FT WALTON BCH, FL 32649	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> DPE <b>NAME</b> mark Williams <b>STREET ADDRESS</b> 715 Forest Shores Drive <b>CITY-ST-ZIP</b> Mary Esther, FL 32569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> DVP <b>NAME</b> SEANOR, JULIE <b>STREET ADDRESS</b> 2160 HWY 87 <b>CITY-ST-ZIP</b> NAVARRE, FL 32566	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> DVP <b>NAME</b> Stacy Dahlberg <b>STREET ADDRESS</b> 8434 Navarre Parkway <b>CITY-ST-ZIP</b> Navarre, FL 32566	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> BABIAK, PHIL <b>STREET ADDRESS</b> 8510 NAVARRE PKWY <b>CITY-ST-ZIP</b> NAVARRE, FL 32566	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> Secretary <b>NAME</b> Sandi Kemp <b>STREET ADDRESS</b> 7508 Navarre Parkway <b>CITY-ST-ZIP</b> Navarre, FL 32566	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Kathy Newby</i>			3-13-06 (850) 939-3267		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		