2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 04, 2007 8:00 am Secretary of State **DOCUMENT #733612** 04-04-2007 90186 034 ****61.25 NAVARRE BEACH AREA CHAMBER OF COMMERCE, Principal Place of Business Mailing Address 400000 1917 NAVARRE SCHOOL RD P O BOX 5430 NAVARRE, FL 32566 NAVARRE, FL 32566 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc 03132007 CR2E037 (12/06) Chg-NP City & State City & State Applied For 59-1652314 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent race lerr NEWBY, KATHY Number is Not Acceptable 1917 NAVARRE SCHOOL ROAD NAVARRE, FL 32566 ما ما 25 Zip Code City <u>Navarre</u> 8. The above named entity submitement 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 agei SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee Is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DPP TITLE Delete TITLE DITIS ☐ Change Addition SYLE, DOROTHY NAME NAME Kagan, Jon 7892 Mararre Parkway Mararre, FL 32566 STREET ADDRESS 1809 PRADO ST STREET ADDRESS NAVARRE, FL 32566 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition Pullym, Bart R PULLUM, BART R NAME NAME STREET ADDRESS 8494 NAVARRE PKWY. STREET ADDRESS 8494 navarre Parkway NAVARRE, FL 32566 CITY, ST. 7IP CITY-ST-ZIP navarre FL DT 🗷 Delete TITLE TITLE ☐ Change_ _____ Addition NAME CANTIN, RICHARD H NAME STREET ADDRESS 7552 NAVARRE PKWY, STE, 35 STREET ADDRESS CITY-ST-ZIP NAVARRE, FL 32566 CITY-ST-ZIP DPE TITLE ☐ Delete TITLE Change ☐ Addition DIPWILLIAMS, MARK williams, Mark NAME NAME 715 FOREST SHORES DR STREET ADDRESS STREET ADDRESS 715 Forest Shores Dr. CITY-ST-ZIP MARY ESTHER, FL 32569 CITY-ST-ZIP Mary Esther FL 32569 DVP TITLE □ Delete TITLE Addition DIPE Dahlberg Stacy 8234 Natarre Parkway DAHLBERG, STACY NAME NAME STREET ADDRESS 8234 NAVARRE PKWY. STREET ADDRESS NAVARRE, FL 32566 CITY-ST-ZIP CITY-ST-ZIP X Change ☐ Delete TITLE **D'/V** ☐ Addition KEMP, SANDI Kemp, Sandi NAME NAME 7502 NAVARRE PKWY. STREET ADDRESS STREET ADDRESS 7802 Navarre Parkway CITY-ST-ZIP NAVARRE, FL 32566 CITY-ST-ZIP navarre FL 32566

12. I hereby certify that the information supplied with this filling 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 a address, with all other like empowered.

SIGNATURE:

MARK WILLIAMS GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED