## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#733612**

FILED Apr 19, 2009 Secretary of State

Entity Name: NAVARRE BEACH AREA CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
	ARRE PARKV , FL 32566	VAY US			
Current Mailing Address:			New Maili	New Mailing Address:	
P O BOX 5 NAVARRE	430 , FL 32566	US			
FEI Number: 59-1652314 FEI Number Applied For ( )		FEI Number Not App	Number Not Applicable ( ) Certificate of Status Desired ( )		
Name and	Address of	Current Registered Agent:	Name and	Address of New Registered Agent:	
	RACEY ARRE PARKV , FL 32566	VAY US			
The above in the State	named entity of Florida.	submits this statement for the	purpose of changing i	its registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered A	gent	Date	
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DT ( KAGAN, JON 7002 NAVARR NAVARRE, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( PULLUM, BAR 8494 NAVARR NAVARRE, FL	E PKWY.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DP ( WILLIAMS, MA 715 FOREST S MARY ESTHE	SHORES DR	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition TOM, VATTER 8460 EAST BAY BLVD. NAVARRE, FL 32566	
Title: Name: Address: City-St-Zip:	DP ( DAHLBERG, S 8234 NAVARR NAVARRE, FL	E PKWY.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DPE ( KEMP, SANDI 7502 NAVARR NAVARRE, FL		Title: Name: Address: City-St-Zip:	DP (X) Change ( ) Addition KEMP, SANDI 7502 NAVARRE PKWY. NAVARRE, FL 32566	
Title: Name: Address: City-St-Zip:	HOLDERMAN,	OHN JUNCTION RD.	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition HOLDERMAN, CINNAMON 8406 LITTLE JOHN JUNCTION RD. NAVARRE, FL 32566	

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: TRACEY TERRY P 04/19/2009