

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738535

FILED  
Mar 20, 2009  
Secretary of State

**Entity Name:** GREATER FORT WALTON BEACH AREA CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

34 MIRACLE STRIP PARKWAY, S.W.  
P. O. BOX 640  
FT. WALTON BCH., FL 32549 US

**New Principal Place of Business:**

**Current Mailing Address:**

34 MIRACLE STRIP PARKWAY, S.W.  
P.O. BOX 640  
FT. WALTON BCH, FL 32549

**New Mailing Address:**

**FEI Number:** 59-0578475

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORCORAN, THEODORE  
34 MIRACLE STRIP PKWY.  
FT. WALTON BCH, FL 32548 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: P ( ) Delete  
Name: CORCORAN, THEODORE  
Address: 34 MIRACLE STRIP PKWY  
City-St-Zip: FT.WALTON BCH., FL 32548 US

Title: T ( ) Delete  
Name: HAMILTON, CHAD  
Address: P.O. BOX 1600  
City-St-Zip: FT WALTON BCH, FL 32549 US

Title: C ( ) Delete  
Name: HOUCHINS, KATHY  
Address: 381 SANTA ROSA BLVD  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: TR ( ) Delete  
Name: GIESEMAN, ALAN  
Address: 1005 MAR WALT DRIVE  
City-St-Zip: FORT WALTON BEACH, FL 32547

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: MCGAUGHY, TAMMY S  
Address: P.O. BOX 1600  
City-St-Zip: FT WALTON BCH, FL 32549 US

Title: C (X) Change ( ) Addition  
Name: GIESEMAN, ALAN  
Address: 1005 MAR WALT DRIVE  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: TR (X) Change ( ) Addition  
Name: HAMILTON, CHAD  
Address: P.O. BOX 1600  
City-St-Zip: FORT WALTON BEACH, FL 32549

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: TAMMY S MCGAUGHY

T

03/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date