2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2011
Secretary of State

DOCUMENT# 738535

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:

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

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

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

Title: C
Name: HAMILTON, CHAD
Address: P.O. BOX 1600
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: TR
Name: SPENCER, LISA JO
Address: 1104 EGLIN PARKWAY
City-St-Zip: SHALIMAR, FL 32579

I hereby 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 all other like empowered.

SIGNATURE: THEODORE CORCORAN P 03/22/2011

Electronic Signature of Signing Officer or Director Date