2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738535

FILED Mar 27, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

34 MIRACLE STRIP PARKWAY, S.W.

P. O. BOX 640

34 SE MIRACLE STRIP PARKWAY
FT. WALTON BCH., FL 32548 US

FT. WALTON BCH., FL 32549 US

Current Mailing Address: 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 (X)

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

CORCORAN, THEODORE

34 MIRACLE STRIP PKWY.

FT. WALTON BCH, FL 32548 US

CORCORAN, THEODORE

34 SE MIRACLE STRIP PARKWAY

FT. WALTON BCH, FL 32548 US

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: THEODORE CORCORAN 03/27/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

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: OWEN, MARTIN

Address: 546 MARY ESTHER CUT-OFF NW, SUITE 3

City-St-Zip: FORT WALTON BEACH, FL 32548

Title: PC

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 03/27/2012