2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# 738725

Entity Name: WITHLACOOCHEE-GULF AREA CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

167 HIGHWAY 40 W
INGLIS, FL 34449 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 427
INGLIS, FL 34449 US

New Mailing Address:

FEI Number: 59-1873186 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRICE, SARA W
1 FIDDLER KEY
YANKEETOWN, FL 34498 US

Name and Address of New Registered Agent:

DAY, EDWIN
167 HWY 40 WEST
INGLIS, FL 34449 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: EDWIN DAY 03/23/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PRICE, SARA W
Address: 1 FIDDLER KEY
City-St-Zip: YANKEETOWN, FL 34498

Title: TD ( ) Delete
Name: RUBRIGI, RICHARD R
Address: 304 SAPP STREET
City-St-Zip: INGLIS, FL 34449

Title: VP ( ) Delete
Name: DAY, EDWIN
Address: 649 HWY 40 N
City-St-Zip: INGLIS, FL 34449

Title: D ( ) Delete
Name: BEASLEY, DAWN
Address: 11750 SE 196TH LN
City-St-Zip: INGLIS, FL 34449

Title: D ( ) Delete
Name: DREW, MARSHA
Address: 6 MAGNOLIA AVE
City-St-Zip: YANKEETOWN, FL 34498

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: DAY, EDWIN
Address: 649 HWY 40 WEST
City-St-Zip: INGLIS, FL 34449

Title: TRES (X) Change ( ) Addition
Name: RUBRIGI, RICHARD R
Address: 304 SAPP STREET
City-St-Zip: INGLIS, FL 34449

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

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

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

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: EDWIN DAY PRES 03/23/2009
Electronic Signature of Signing Officer or Director Date