2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#740636

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

HOBE SOUND, FL 3345

PROCTOR, GORDON

33 FLAGLER AVENUE

STUART, FL 34994

() Delete

FILED Mar 23, 2006 Secretary of State

Entity Name: STUART/MARTIN COUNTY CHAMBER OF COMMERCE, INC.

Current Principal Place of Business: New Principal Place of Business: 1650 S KANNER HIGHWAY STUART, FL 349947108 **Current Mailing Address: New Mailing Address:** 1650 S KANNER HIGHWAY STUART, FL 349947108 FEI Number: 59-0684483 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: CATRAMBONE, JOSEPH A 1650 S KANNER HIGHWAY STUART, FL 34994 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete NORMAN, KEN LINTON, DONNA Name: Name: 2400 S.E. FEDERAL HIGHWAY Address: 613 S.W.CAMDEN AVENUE Address: City-St-Zip: STUART, FL 34994 City-St-Zip: STUART, FL 34994 Title: PCD () Delete Title: (X) Change () Addition JOANNE, ZARRO Name: NORMAN, KEN Name: Address: 729 S. FEDERAL HIGHWAY Address: 2400 S.E. FEDERAL HIGHWAY City-St-Zip: STUART, FL 34994 City-St-Zip: STUART, FL 34994 Title: VPD () Delete Title: VPD (X) Change () Addition LINTON, DONNA YARDLEY, JOHN Name: Name: 8401 S.E. FEDERAL HIGHWAY Address: 312 W. OCEAN Address: City-St-Zip: STUART, FL 34994 City-St-Zip: HOBE SOUND, FL 33455 () Delete Title: **PCEO** Title: () Change () Addition Name: CATRAMBONE, JOSEPH A. Name: 1650 S. KANNER HWY Address: Address: City-St-Zip: STUART, FL 34994 City-St-Zip: Title: VCD () Delete Title: VCD (X) Change () Addition YARDLEY, JOHN Name: Name: PAUL, ELLIOT 8401 S.E. FEDERAL HIGHWAY 2694 S.E. WILLOUGHBY BLVD. Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

STUART, FL 34994

() Change () Addition

SIGNATURE: JOSEPH A. CATRAMBONE PCEO 03/23/2006