

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90479 003 ****61.25

DOCUMENT # 744797

1. Entity Name
PALM CITY CHAMBER OF COMMERCE, INC.



Principal Place of Business
**880 SW MARTIN DOWNS BLVD
PALM CITY, FL 34990**

Mailing Address
**880 SW MARTIN DOWNS BLVD
PALM CITY, FL 34990**

50017748



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2805920

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVI, CAROLYN
880 SW MARTIN DOWNS BLVD
PALM CITY, FL 34990**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Carolyn Davis*
Signature, typed or printed name of registered agent and title if applicable.

CAROLYN DAVIS
(NOTE: Registered Agent signature required when reinstating)

4-27-06
DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
SUSAN, GIFFORD
789 SW FEDERAL HIGHWAY
STUART, FL 34997** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
SCOTT ECCLESTON
3953 SW BRUNER TERRACE
PALM CITY FL 34990** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ED
DAVI, CAROLYN
880 SW MARTIN DOWNS BLVD.
PALM CITY, FL 34990** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V.P.
TOBY OVERDORF
1251 S.W. 21ST ST
PALM CITY FL 34990** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ROBERT, RAYNES
800 SE MONTOREY COMMONS STE 200
STUART, FL 34996** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carolyn Davis* (*CAROLYN DAVIS*)

4-27-06
Date Daytime Phone #