

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745015

FILED
Apr 13, 2009
Secretary of State

Entity Name: ST. JOHNS COUNTY CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

1 RIBERIA ST.
ST AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

1 RIBERIA ST.
ST AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 59-0432275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURCHFIELD, ROBIN
1 RIBERIA STREET
ST. AUGUSTINE, FL 32084 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: MP () Delete
Name: BURCHFIELD, ROBIN
Address: 1 RIBERIA ST
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: PD () Delete
Name: COSTEIRA, TOM
Address: 4517 MEADOWWOOD LANE
City-St-Zip: ELKTON, FL 32133

Title: VD () Delete
Name: WALLIS, DON
Address: 170 MALAGA ST. SUITE A
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: STD () Delete
Name: ATWOOD, JILL
Address: 2730 US 1 SOUTH #E
City-St-Zip: SAINT AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: WALLIS, DON
Address: P. O. DRAWER 3007
City-St-Zip: ST. AUGUSTINE, FL 32085

Title: VD (X) Change () Addition
Name: ATWOOD, JILL
Address: 2730 US 1 SOUTH #E
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: STD (X) Change () Addition
Name: HUGHES, BILL
Address: 100 PGA TOUR BLVD.
City-St-Zip: PONTE VEDRA, FL 32082

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: ROBIN BURCHFIELD

MP

04/13/2009

Electronic Signature of Signing Officer or Director

Date