

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745934

FILED
Feb 23, 2006
Secretary of State

Entity Name: ANNA MARIA ISLAND CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

5313 GULF DRIVE
HOLMES BEACH, FL 34217 US

New Principal Place of Business:

Current Mailing Address:

5313 GULF DRIVE
HOLMES BEACH, FL 34217 US

New Mailing Address:

FEI Number: 59-2297522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROCKMAN, MARYANN
1120 78TH STREET NW
BRADENTON, FL 34209 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: P () Delete
Name: SCHRODER, DON
Address: 618 BARONET LANE
City-St-Zip: HOLMES BEACH, FL 34217

Title: VP () Delete
Name: THOMPSON, CINDY
Address: 703 88TH STREET NW
City-St-Zip: BRADENTON, FL 34209

Title: S () Delete
Name: MURPHY, BARBARA
Address: 127 HAMMOCK
City-St-Zip: ANNA MARIA, FL 34216

Title: T () Delete
Name: LAPENSEE, KAREN
Address: PO BOX 614
City-St-Zip: ANNA MARIA, FL 34216

Title: VP () Delete
Name: DAVIS, MARK
Address: 521 - 69TH ST.
City-St-Zip: HOLMES BEACH, FL 34217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BROCKMAN, MARYANN
Address: 1120 78TH STREET N.W.
City-St-Zip: BRADENTON, FL 34209

Title: COB (X) Change () Addition
Name: SCHRODER, DON
Address: 618 BARONET LANE
City-St-Zip: HOLMES BEACH, FL 34217

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

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

Title: COBE (X) Change () Addition
Name: DAVIS, MARK
Address: 521 - 69TH ST.
City-St-Zip: HOLMES BEACH, FL 34217

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.

SIGNATURE: KAREN LAPENSEE

T

02/23/2006

Electronic Signature of Signing Officer or Director

Date