

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 752697**

1. Entity Name  
**BAKER COUNTY CHAMBER OF COMMERCE, INC.**



Principal Place of Business  
**20 E. MACCLENNY AVE.  
MACCLENNY, FL 32063**

Mailing Address  
**20 E. MACCLENNY AVE.  
MACCLENNY, FL 32063**



01042006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2076369** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BARBER, GINGER  
20 E. MACCLENNY AVE.  
MACCLENNY, FL 32063**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

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

**10. OFFICERS AND DIRECTORS**

TITLE	O
NAME	BARBER, GINGER MS
STREET ADDRESS	20 E. MACCLENNY AVE.
CITY-ST-ZIP	MACCLENNY, FL 32063
TITLE	TD
NAME	DRIGGERS, PEGGY MS
STREET ADDRESS	P O BOX 820
CITY-ST-ZIP	GLEN SAINT MARY, FL 32040
TITLE	VO
NAME	MCKENDREE, GLENN
STREET ADDRESS	382 S BOULEVARD EAST
CITY-ST-ZIP	MACCLENNY, FL 32063
TITLE	PD
NAME	ROMEO, MARGARET DR
STREET ADDRESS	1161-AS SIXTH STREET
CITY-ST-ZIP	MACCLENNY, FL 32063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000385122  
01/18/06-00004-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Ginger Barber, Ginger Barber*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/11/06 (904) 259-6433*  
Date Daytime Phone #