

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90064 026 ****61.25

DOCUMENT # 752697

1. Entity Name

BAKER COUNTY CHAMBER OF COMMERCE, INC.



Principal Place of Business

Mailing Address

20 E. MACCLENNY AVE.
MACCLENNY FL 32063

20 E. MACCLENNY AVE.
MACCLENNY FL 32063



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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: O ☐ Delete
NAME: BARBER, GINGER MS
STREET ADDRESS: 20 E. MACCLENNY AVE.
CITY- ST- ZIP: MACCLENNY FL 32063

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

TITLE: TD ☐ Delete
NAME: DRIGGERS, PEGGY MS
STREET ADDRESS: P O BOX 820
CITY- ST- ZIP: GLEN SAINT MARY FL 32040

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

TITLE: VD ☒ Delete
NAME: ~~MCKENDREE, GLENN~~
STREET ADDRESS: ~~992 S BOULEVARD EAST~~
CITY- ST- ZIP: ~~MACCLENNY FL 32063~~

TITLE: VD ☐ Change ☒ Addition
NAME: Jackie Robinson
STREET ADDRESS: 1168 South Sixth Street
CITY- ST- ZIP: Macclenny, FL 32063

TITLE: PD ☒ Delete
NAME: ~~ROMEO, MARGARET DR~~
STREET ADDRESS: ~~1101 AS SIXTH STREET~~
CITY- ST- ZIP: ~~MACCLENNY FL 32063~~

TITLE: PD ☐ Change ☒ Addition
NAME: V. Todd Ferreira
STREET ADDRESS: 250 North Louder Street
CITY- ST- ZIP: Macclenny, FL 32063

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

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

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

1/30/07 (904) 259-6433

Date

Daytime Phone #