

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90036 017 ****61.25

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		
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		
6. Name and Address of Current Registered Agent BARBER, GINGER 20 E. MACCLENNY AVE. MACCLENNY, FL 32063			7. Name and Address of New Registered Agent Name Register, Darryl Street Address (P.O. Box Number is Not Acceptable) 20 E. Macclenny Ave. City Macclenny FL 32063		
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 <u><i>Darryl Register</i></u> - Darryl Register, Executive Director 1/10/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME BARBER, GINGER MS STREET ADDRESS 20 E. MACCLENNY AVE. CITY-ST-ZIP MACCLENNY, FL 32063	<input checked="" type="checkbox"/> Delete		TITLE Executive Director NAME Darryl Register STREET ADDRESS 20 E. Macclenny Ave CITY-ST-ZIP Macclenny, FL 32063	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME DRIGGERS, PEGGY MS STREET ADDRESS P O BOX 820 CITY-ST-ZIP GLEN SAINT MARY, FL 32040	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VD NAME ROBINSON, JACKIE STREET ADDRESS 1168 S. SIXTH ST. CITY-ST-ZIP MACCLENNY, FL 32063	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE PD NAME TODD, FERREIRA V STREET ADDRESS 250 N. LOVODER ST CITY-ST-ZIP MACCLENNY, FL 32063	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Darryl Register</i></u> Darryl Register			1/10/08		904-259-6433
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>