## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 752697  1. Entity Name BAKER COUNTY CHAMBER OF COMMERCE, INC.									1-2008	_	017 ****6	1.25
Principal Place of Business 20 E. MACCLENNY AVE. MACCLENNY, FL 32063			Mailing Address 20 E. MACCLENNY AVE. MACCLENNY, FL 32063				կսսու			1 <b>8</b> (8)( <b>1</b> )8(4	11701 1180 1180 <b>8</b> 71	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01102008	Chg-N	P	CR2E	(12/06)	
City & State			City & State				4. FEt Number Applied For 59-2076369 Not Applicable					
Zip Country		Zip C		untry	ntry 5. Certificate of Status De			Desired S8.75 Additional Fee Required				
BARBER, 20 E. MAC MACCLEN	GINGER CCLENNY		t Registered Agent		Name Street Ac	Reg ddress (F	7. Name and 1. Str P.O. Box Number Macc	Da. er is Not A	cceptable			
	,				City	lace la	uny			F	L Zip Cod	e 43
	tions of regist		for the purpose of changi			_	od agom, or bor	_				and decept
SIGNATURE	Filing Fe	or printed name of registered ager	nt and title if applicable  9. Election	(NOTE: Register n Campaign und Contribu	ed Agent signatu	ure required	when reinstating) \$5.00 May B Added to Fees		Ņ	DATI	ck payable to	
SIGNATURE	Filing Fe	e is \$61.25	9. Election Trust F	(NOTE: Register	Financing	ure required	\$5.00 May B Added to Fees	e ANGES TO	Floo	lake che	eck payable t	tate
	O BARBER, 20 E. MAG	e is \$61.25 lay 1, 2008	nt and title if applicable  9. Electic  Trust F	(NOTE: Register n Campaign und Contribu 11. Titl NAI STR	ed Agent signatu Financing Ition.	A E 1 C Day	\$5.00 May B Added to Fees DDITIONS/CH/ Cutive D	e ANGES TO Constant Ister	N Floo OFFICE OF	lake che ida Dep	eck payable t	tate
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12. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. Flurther 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: Darry | Register
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1)10/08

904-259-6433