

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 761976

FILED  
Oct 23, 2006  
Secretary of State

**Entity Name:** SUMTER COUNTY CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

225 S. US HWY 301  
SUMTERVILLE, FL 33585

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 100  
SUMTERVILLE, FL 33585

**New Mailing Address:**

**FEI Number:** 59-2745338      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SHAN, BARBARA  
225 S. US HWY 30  
SUMTERVILLE, FL 33585      US

**Name and Address of New Registered Agent:**

SANTANA, DAVID ED  
225 S. US HWY 30  
SUMTERVILLE, FL 33585      US

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: DAVID SANTANA

10/23/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP      ( ) Delete  
Name: COUILLARD, DIANA  
Address: 609 OLD WIRE RD  
City-St-Zip: WILDWOOD, FL 34748

Title: P      ( ) Delete  
Name: SHAW, BARBARA  
Address: 330 S. US HWY 301  
City-St-Zip: SUMTERVILLE, FL 33585

Title: S      ( ) Delete  
Name: SHUE, ELEINE C  
Address: 336 B SHOPPING CART DR.  
City-St-Zip: WILDWOOD, FL 34785

Title: T      ( ) Delete  
Name: VAN HOOIJONK, ROBERT  
Address: 406 S. MAIN ST  
City-St-Zip: WILDWOOD, FL 34785

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP      (X) Change ( ) Addition  
Name: CONNELL, MARILYN  
Address: 453 CR 489  
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: P      (X) Change ( ) Addition  
Name: CONNIE, MAHAN  
Address: 225 S. US HWY 301  
City-St-Zip: SUMTERVILLE, FL 33585

Title: S      (X) Change ( ) Addition  
Name: HOWELL, MIKE  
Address: 4737 SE 2ND DR.  
City-St-Zip: BUSHNELL, FL 33513

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

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: DAVID SANTANA

ED

10/23/2006

Electronic Signature of Signing Officer or Director

Date