

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 761976

**FILED**  
**Jan 04, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

102 N. HWY. 470  
LAKE PANASOFFKEE, FL 33538

**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 (X)**

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

CARR, LEE A ED  
102 N. HWY. 470  
LAKE PANASOFFKEE, FL 33538 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PP  
Name: STATON, TANGIE  
Address: PO BOX 100  
City-St-Zip: SUMTERVILLE, FL 33585

Title: P  
Name: CARY, DAWN  
Address: PO BOX 100  
City-St-Zip: SUMTERVILLE, FL 33585

Title: S  
Name: DUNCAN, JAMES  
Address: PO BOX 100  
City-St-Zip: SUMTERVILLE, FL 33585

Title: VP  
Name: HUNT, BOB  
Address: 5604 HERITAGE BLVD  
City-St-Zip: WILDWOOD, FL 34785

Title: T  
Name: CONNELL, MARILYN  
Address: PO BOX 100  
City-St-Zip: SUMTERVILLE, FL 33585 US

Title: ED  
Name: CARR, LEE A  
Address: PO BOX 100  
City-St-Zip: SUMTERVILLE, FL 33585

I hereby 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 all other like empowered.

SIGNATURE: LEE ANN CARR

ED

01/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date