

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769406

FILED
Jan 16, 2007
Secretary of State

Entity Name: CEDAR KEY AREA CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

618 2ND ST
CEDAR KEY, FL 32625 US

New Principal Place of Business:

Current Mailing Address:

POB 610
CEDAR KEY, FL 32625 US

New Mailing Address:

FEI Number: 59-2385849 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELLERMANN, DORIS
PO BOX 117
CEDAR KEY, FL 32625 US

Name and Address of New Registered Agent:

HELLERMANN, DORIS
598 2ND STREET
CEDAR KEY, FL 32625 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: _____ 01/16/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BLACKWELL, JANET
Address: 12451 SW 78TH LANE
City-St-Zip: CEDAR KEY, FL 32625

Title: VP () Delete
Name: BIERWORTH, DENISE
Address: PO BOX 150
City-St-Zip: CEDAR KEY, FL 32625

Title: T () Delete
Name: HELLERMANN, DORIS
Address: PO BOX 117
City-St-Zip: CEDAR KEY, FL 32625

Title: S () Delete
Name: CARVER, KATHY
Address: 12685 STATE ROAD 24
City-St-Zip: CEDAR KEY, FL 32625

Title: D () Delete
Name: MATTICE, BRIAN
Address: PO BOX 661
City-St-Zip: CEDAR KEY, FL 32625

Title: D () Delete
Name: CANTWELL, ROSE
Address: PO BOX 725
City-St-Zip: CEDAR KEY, FL 32625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: RIMAVICUS, PAUL
Address: PO BOX 907
City-St-Zip: CEDAR KEY, FL 32625

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

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

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

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: DORIS HELLERMANN T 01/16/2007
Electronic Signature of Signing Officer or Director Date