

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769406

FILED
Mar 25, 2009
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:

618 2ND ST
CEDAR KEY, FL 32625 US

FEI Number: 59-2385849

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACKWELL, JANET
4050 G STREET
CEDAR KEY, FL 32625 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: T () Delete
Name: BLACKWELL, JANET
Address: P.O. BOX 642
City-St-Zip: CEDAR KEY, FL 32625

Title: P () Delete
Name: RIMAVICUS, PAUL
Address: PO BOX 907
City-St-Zip: CEDAR KEY, FL 32625

Title: D () Delete
Name: LEIBERT, TOM
Address: PO BOX 64
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: WILSON, BRUCE
Address: PO BOX 157
City-St-Zip: CEDAR KEY, FL 32625

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

Title: D (X) Change () Addition
Name: LANGTON, NANCY
Address: PO BOX 1099
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:

I hereby certify that the information supplied with this filing does not qualify 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: JANET BLACKWELL

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03/25/2009

Electronic Signature of Signing Officer or Director

Date