2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N00000000435



04-26-2006 90231 040 ****61.25

FILED

Apr 26, 2006 8:00 am Secretary of State

1. Entity Name WASHINGTON COUNTY CHAMBER OF COMMERCE FOUNDATION, INC.														
685 7TH STREET			P.0.	Mailing Address P.O. BOX 457 CHIPLEY, FL 32428							500	116	835	;
Principal Place of Business 3				3. Mailing Address										
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				032120	06 C	hg-NP	CR2E)37 (1 ⁻	1/05)	
City & State			Ci	City & State				4. FEI Number 59-3603998						plied For t Applicable
Zip Country					untry	5. Certificate of Status Desired				Fee Required				
	6. Name	and Address of Curr	ent Registere	d Agent		Name		7. Name	and Add	tress of New	Registered	Agent	<u> </u>	
HOLLEY, GERALD ATTY. 1282-B CHURCH AVENUE						Street Address (P.O. Box Number is Not Acceptable)								
CHIPLEY,	FL 32428	3		-										
				City							F	L Z	ip Code	•
	named entity ions of regist	y submits this statementered agent.	nt for the purp	ose of changing its	register	ed office o	r register	ed agent, d	or both, in	the State of	Florida. I an	n familia	ar with, a	and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE														
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	Filing Fe	e is \$61.25 lay 1, 2006		9. Election Can Trust Fund C	paign F	inancing		\$5.00 M Added to f	tay Be	F	Make chec			
10.	Filing Fe Due by N	e is \$61.25		9. Election Carr Trust Fund C	paign Fontribut	inancing ion.		\$5.00 M Added to f	tay Be	<u> </u>	Make che	IRECT	ORS IN	ate 10
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and the 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 phar-like empowered.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME