


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90186 035 \*\*\*\*61.25

<b>DOCUMENT # N00000000435</b>					
<b>1. Entity Name</b> WASHINGTON COUNTY CHAMBER OF COMMERCE FOUNDATION, INC.					
<b>Principal Place of Business</b> 685 7TH STREET CHIPLEY, FL 32428			<b>Mailing Address</b> P.O. BOX 457 CHIPLEY, FL 32428		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3603998	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
HOLLEY, GERALD ATTY. 1282-B CHURCH AVENUE CHIPLEY, FL 32428			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> ELLIS, TERRY	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 1306 PINE BLUFF CT	CHIPLEY, FL 32428		<b>STREET ADDRESS</b>	CITY-ST-ZIP	
<b>TITLE</b> D	<b>NAME</b> CLARK, GARY	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 1670 PEEL RD	CHIPLEY, FL 32428		<b>STREET ADDRESS</b>	CITY-ST-ZIP	
<b>TITLE</b> D	<b>NAME</b> CORBIN, ZENNA	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 1615 OAKGROVE ROAD	CHIPLEY, FL 32428		<b>STREET ADDRESS</b>	CITY-ST-ZIP	
<b>TITLE</b> D	<b>NAME</b> HOLLEY, T. GERALD	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> % P.O. BOX 268	CHIPLEY, FL 32428		<b>STREET ADDRESS</b>	CITY-ST-ZIP	
<b>TITLE</b> TD	<b>NAME</b> HINSON, LARRY	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 1555 SOUTH BLVD	CHIPLEY, FL 32428		<b>STREET ADDRESS</b>	CITY-ST-ZIP	
<b>TITLE</b> D	<b>NAME</b> FOSTER, JOHN	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> % 1365 WATFORD ROAD	CHIPLEY, FL 32428		<b>STREET ADDRESS</b>	CITY-ST-ZIP	
<b>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 that 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 other fee empowered.</b>					
<b>SIGNATURE:</b> _____			4-24-07 850-638-0429		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		