


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # N00000002908 1. Entity Name SEBASTIAN RIVER AREA CHAMBER OF COMMERCE, INC.	
---	---

Principal Place of Business 700 MAIN STREET SEBASTIAN FL 32958	Mailing Address 700 MAIN STREET SEBASTIAN FL 32958
--	--



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	4. FEI Number 59-0833568
---	---	------------------------------------

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent VANDEVOORDE, RENE' G 1327 NORTH CENTRAL AVE. SEBASTIAN FL 32958	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	--

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.

SIGNATURE _____ DATE _____

(NOTE: Registered Agent signature must be printed with the filing)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRYANT, CINDY 700 MAIN STREET SEBASTIAN FL 32958	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000836660 04/25/08-80016-021 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUFFELL, MARJORIE 700 MAIN STREET SEBASTIAN FL 32958	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ADAMS, SUSAN 700 MAIN ST. SEBASTIAN FL 32958	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD MITCHELL, BETH 700 MAIN STREET SEBASTIAN FL 32958	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WISNER, RICK 700 MAIN ST. SEBASTIAN FL 32958	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURKE, KATHY 700 MAIN ST SEBASTIAN FL 32958	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered

SIGNATURE: *Beth L. Mitchell* Beth L. Mitchell 4/14/08 772/889-5969