

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002908

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** SEBASTIAN RIVER AREA CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

700 MAIN STREET  
SEBASTIAN, FL 32958

**New Principal Place of Business:**

**Current Mailing Address:**

700 MAIN STREET  
SEBASTIAN, FL 32958

**New Mailing Address:**

**FEI Number:** 59-0833568      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VANDEVOORDE, RENE' G  
1327 NORTH CENTRAL AVE.  
SEBASTIAN, FL 32958 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: VD  
Name: TOLLE, THERESA  
Address: 700 MAIN STREET  
City-St-Zip: SEBASTIAN, FL 32958

Title: PD  
Name: VICKERS, DEBBI  
Address: 700 MAIN STREET  
City-St-Zip: SEBASTIAN, FL 32958

Title: SD  
Name: MITCHELL, BETH  
Address: 700 MAIN ST.  
City-St-Zip: SEBASTIAN, FL 32958

Title: MD  
Name: MITCHELL, BETH  
Address: 700 MAIN STREET  
City-St-Zip: SEBASTIAN, FL 32958

Title: TD  
Name: DABERKOW, ROBERT  
Address: 700 MAIN ST.  
City-St-Zip: SEBASTIAN, FL 32958

I hereby 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 all other like empowered.

SIGNATURE: BETH L. MITCHELL

MD

02/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date