


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90190 035 \*\*\*\*61.25

|   |  |                                 |  |   |   |
|---|--|---------------------------------|--|---|---|
| <b>DOCUMENT # N00000003853</b><br>1. Entity Name<br><b>THE SANTA ROSA COUNTY CHAMBER OF COMMERCE<br/>COMMUNITY FOUNDATION, INC.</b>   |  |                                 |  |  |   |
| Principal Place of Business<br><b>5247 STEWART ST<br/>MILTON, FL 32570</b>  |  |                                 | Mailing Address<br><b>5247 STEWART ST<br/>MILTON, FL 32570</b>   |   |   |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |  |                                 | 3. Mailing Address<br><br>Suite, Apt. #, etc.  |   |   |
| City & State<br><br>Zip   |  |                                 | City & State<br><br>Zip  |   |   |
| Country   |  |                                 | Country  |   |   |
| 4. FEI Number<br><b>59-3652126</b>  |  |                                 |  | Applied For<br><input type="checkbox"/> Not Applicable                            |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |                                 |  | <b>\$8.75 Additional<br/>Fee Required</b>   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>TUCKER, DONNA<br/>5247 STEWART STREET<br/>MILTON, FL 32570</b>  |  |                                 | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City  |   |   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |   |   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>   |  |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>  |   | <b>\$5.00 May Be<br/>Added to Fees</b>                            |
| Make check payable to<br><b>Florida Department of State</b>   |  |                                 |  |   |   |
| 10. OFFICERS AND DIRECTORS  |  |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D<br>HOHORST, DEDRICH<br>5462 PINE BARON RD,<br>MILTON, FL 32570 | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | D.<br>TIM MALLON<br>6002 BERRYHILL RD.<br>MILTON, FL 32570        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D<br>MALLON, TIM<br>6002 BERRYHILL ROAD<br>MILTON, FL 32570      | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | D<br>BOB ASMUS<br>5532 TWIN CREEK CIRCLE<br>PACE, FL 32583        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D<br>KOVACHICK, CHUCK<br>5418 STEWART ST.<br>MILTON, FL 32570    | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | D<br>RICARDO LAYUN<br>6671 CAROLINE STREET<br>MILTON, FL 32570    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D<br>ASMUS, BOB<br>5532 TWIN CREEK CIRCLE<br>PACE, FL 32571      | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | D.<br>ROBIN PUNYKO<br>5120 DOGWOOD DRIVE<br>MILTON, FL 32570      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete                                  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete                                  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 119.07(3)(i), 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. |  |                                 |  |   |   |
| <b>SIGNATURE:</b> <u>Tim Mallon</u> <u>TIM MALLON</u> <u>4/27/05</u> <u>623.2339</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |  |                                 |  |   |   |