

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003853

FILED  
Apr 26, 2006  
Secretary of State

**Entity Name:** THE SANTA ROSA COUNTY CHAMBER OF COMMERCE COMMUNITY FOUNDATION, INC.

**Current Principal Place of Business:**

5247 STEWART ST  
MILTON, FL 32570

**New Principal Place of Business:**

**Current Mailing Address:**

5247 STEWART ST  
MILTON, FL 32570

**New Mailing Address:**

**FEI Number:** 59-3652126

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TUCKER, DONNA  
5247 STEWART STREET  
MILTON, FL 32570 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: D ( ) Delete  
Name: MALLON, TIM  
Address: 6002 BARRYHILL RD  
City-St-Zip: MILTON, FL 32570

Title: D ( ) Delete  
Name: ASMUS, BOB  
Address: 5532 TWIN CREEK CIRCLE  
City-St-Zip: PACE, FL 32583

Title: D ( ) Delete  
Name: LAYUN, RICARDO  
Address: 6671 CAROLINE STREET  
City-St-Zip: MILTON, FL 32570

Title: D ( ) Delete  
Name: PUNYKO, ROBIN  
Address: 5120 DOGWOOD DRIVE  
City-St-Zip: MILTON, FL 32570

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: ASMUS, BOB  
Address: 5532 TWIN CREEK CIRCLE  
City-St-Zip: PACE, FL 32583 US

Title: D (X) Change ( ) Addition  
Name: PUNYKO, ROBIN  
Address: 5120 DOGWOOD DRIVE  
City-St-Zip: MILTON, FL 32570 US

Title: D (X) Change ( ) Addition  
Name: DURST, JOSHUA  
Address: 5247 COMMERCE STREET  
City-St-Zip: JAY, FL 32565 US

Title: D (X) Change ( ) Addition  
Name: NETTLES, KATHY  
Address: 7836 PETERSON POINT ROAD  
City-St-Zip: MILTON, FL 32583 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DONNA TUCKER

ED

04/26/2006

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

\_\_\_\_\_  
Date