

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003853

FILED
May 01, 2007
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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: ASMUS, BOB
Address: 5532 TWIN CREEK CIRCLE
City-St-Zip: PACE, FL 32583 US

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

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: NETTLES, KATHY
Address: 7836 PETERSON POINT ROAD
City-St-Zip: MILTON, FL 32583 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: STRAIN, LARRY
Address: 401 EAST CHASE STREET
City-St-Zip: PENSACOLA, FL 32504 US

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

I hereby certify that the information supplied with this filing does not qualify 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: ROBIN PUNYKO

D

05/01/2007

Electronic Signature of Signing Officer or Director

Date