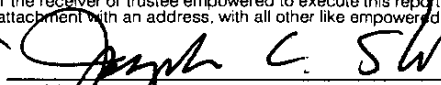


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90061 009 ****61.25

DOCUMENT # N00000005254 1. Entity Name PACE AREA CHAMBER OF COMMERCE FOUNDATION, INC.					
Principal Place of Business 4344 HWY 90 PACE, FL 32571 US			Mailing Address 4344 HWY 90 PACE, FL 32571 US		
2. Principal Place of Business 4344 Hwy 90 Suite, Apt. #, etc.			3. Mailing Address - Same - Suite, Apt. #, etc.		
City & State Pace, FL			City & State		
Zip 32571		Country SANTA ROSA		4. FEI Number 59-3686600	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent LEWIS, MIKE 4344 HWY 90 MILTON, FL 32571			7. Name and Address of New Registered Agent Name JOE SHOFNER Street Address (P.O. Box Number is Not Acceptable) 5369 CHUMUCKLA HWY City PACE FL 32571		
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  2-16-05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PD	☒ Delete	TITLE	D-PRESIDENT ☒ Change ☐ Addition	
NAME	LEWIS, MIKE		NAME	JOE SHOFNER	
STREET ADDRESS	5120 DOGWOOD DR.		STREET ADDRESS	5369 CHUMUCKLA HWY	
CITY-ST-ZIP	MILTON, FL 32570		CITY-ST-ZIP	PACE, FL 32571	
TITLE	DPE	☒ Delete	TITLE	D-PRES. Elect ☒ Change ☐ Addition	
NAME	SIYUFY, BETH		NAME	TED DOTSON	
STREET ADDRESS	4351 WOODBINE ROAD		STREET ADDRESS	4401 WOODBINE RD	
CITY-ST-ZIP	MILTON, FL 32571		CITY-ST-ZIP	PACE, FL 32571	
TITLE	VPD	☒ Delete	TITLE	D-V.P. ☒ Change ☐ Addition	
NAME	PRUETT, BRETT		NAME	MARK LOCKLIN	
STREET ADDRESS	3874 C. OAKUS DR.		STREET ADDRESS	5664 DUPRE RD.	
CITY-ST-ZIP	MILTON, FL 32571		CITY-ST-ZIP	MILTON, FL 32570	
TITLE	DT	☒ Delete	TITLE	D-TRES ☒ Change ☐ Addition	
NAME	SHOFNER, JOE		NAME	EDDIE SMITH	
STREET ADDRESS	5269 CHUMUCKLA HWY		STREET ADDRESS	3967 HWY 90	
CITY-ST-ZIP	MILTON, FL 32571		CITY-ST-ZIP	PACE, FL 32571	
TITLE	DS	☒ Delete	TITLE	D-Sec. ☒ Change ☐ Addition	
NAME	PAPE, LIANNE		NAME	MAE CAMERON	
STREET ADDRESS	4811 HWY 90		STREET ADDRESS	5091 HWY 90	
CITY-ST-ZIP	PACE, FL 32571		CITY-ST-ZIP	PACE, FL 32571	
TITLE	PPD	☒ Delete	TITLE		
NAME	NICHOLOS, TOM		NAME		
STREET ADDRESS	7200 CHUMUCKLA HWY		STREET ADDRESS		
CITY-ST-ZIP	PACE, FL 32571		CITY-ST-ZIP		
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.					
SIGNATURE: 			2-16-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		