

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90132 050 ****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**

50006625



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01032006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-3686600

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHOFNER, JOE
5369 CHUMUCKIA HWY
PACE, FL 32571**

Name
Ted Dotson

Street Address (P.O. Box Number is Not Acceptable)
4650 Bessinger Lane

City **Pace,** **FL** Zip Code **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

Ted Dotson **TED DOTSON PRESIDENT**

1/6/06

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, 2006**

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
NAME **SHOFNER, JOE**
STREET ADDRESS **5369 CHUMUCKIA HWY**
CITY-ST-ZIP **PACE, FL 32571**

TITLE **DP** ☒ Change ☐ Addition
NAME **Ted Dotson**
STREET ADDRESS **4650 Bessinger Lane**
CITY-ST-ZIP **Pace, FL 32571**

TITLE **DPE** ☒ Delete
NAME **DOTSON, TED**
STREET ADDRESS **4401 WOODBINE RD**
CITY-ST-ZIP **PACE, FL 32571**

TITLE **PE/D** ☒ Change ☐ Addition
NAME **Mark Locklin**
STREET ADDRESS **6843 Mayberry Lane**
CITY-ST-ZIP **Milton, FL 32570**

TITLE **VP/D** ☒ Delete
NAME **LACKLIN, MARK**
STREET ADDRESS **5664 DUPREE RD**
CITY-ST-ZIP **MILTON, FL 32570**

TITLE **VP/D** ☒ Change ☐ Addition
NAME **Jim Waite**
STREET ADDRESS **6140 Arnie's Way**
CITY-ST-ZIP **Milton, FL 32570**

TITLE **D/T** ☒ Delete
NAME **SMITH, EDDIE**
STREET ADDRESS **3967 HWY 90**
CITY-ST-ZIP **PAGE, FL 32571**

TITLE **T/D** ☒ Change ☐ Addition
NAME **Eddie Smith**
STREET ADDRESS **3105 Sonya St.**
CITY-ST-ZIP **Pace, FL 32571**

TITLE **D/S** ☒ Delete
NAME **CAMERON, MAE**
STREET ADDRESS **5091 HWY 90**
CITY-ST-ZIP **PACE, FL 32571**

TITLE **S/D** ☒ Change ☐ Addition
NAME **Mae Cameron**
STREET ADDRESS **3452 Oak Tree Lane**
CITY-ST-ZIP **Pace, FL 32571**

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PP/D** ☒ Change ☐ Addition
NAME **Joe Shofner**
STREET ADDRESS **5369 Chumuckla Hwy**
CITY-ST-ZIP **Pace, FL 32571**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Ted Dotson **TED DOTSON**

1/6/06

850-994-5129

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #