# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 16, 2007 8:00 am**
**Secretary of State**
02-16-2007 90044 025 ****61.25

400195b4

DOCUMENT # N00000005254

1. Entity Name
PACE AREA CHAMBER OF COMMERCE FOUNDATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4344 HWY 90<br>PACE, FL 32571 US | 4344 HWY 90<br>PACE, FL 32571 US |

01042007 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-3686600 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| DOTSON, TED<br>4650 BESSINGER LANE<br>PACE, FL 32571 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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 _____
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, 2007**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>DOTSON, TED<br>4650 BESSINGER LANE<br>PACE, FL 32571 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>LOCKLIN, MARK<br>9125 Byrom Campbell Rd<br>Pace, FL. 32571 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PED<br>LOCKLIN, MARK<br>6843 MAYBERRY LANE<br>MILTON, FL 32570 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PED<br>WAITE, Jim<br>6140 ARNIE'S WAY<br>Milton, FL. 32570 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP/D<br>WAITE, JIM<br>6140 ARNIE'S WAY<br>MILTON, FL 32570 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>SABA, DANIEL<br>4557 CHUMUCKLA Hwy<br>Pace, FL. 32571 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D/T<br>SMITH, EDDIE<br>3105 SONYA ST<br>PACE, FL 32571 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D/S<br>CAMERON, MAE<br>3452 OAK TREE LANE<br>PACE, FL 32571 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PPD<br>SHOFNER, JOE<br>3452 OAK TREE LANE<br>PACE, FL 32571 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PPD<br>DOTSON, TED<br>4650 BESSINGER LANE<br>PACE, FL. 32571 | ☐ Change ☒ Addition |

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:** Lloyd Hinite Lloyd Hinite Executive Director 1-24-07 1-850-994-9633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #