

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 20, 2005 8:00 am
Secretary of State

04-27-2005 90340 022 ****61.25

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1st MOORE CR2E037 (10/04)

DOCUMENT # N00000008445 1. Entity Name WEST FLORIDA CHAMBER OF COMMERCE, COMMUNITY DEVELOPMENT CORPORATION					
Principal Place of Business 1822 SAINT CATHERINE AVE. PENSACOLA FL 32501-1046			Mailing Address 1822 SAINT CATHERINE AVE. PENSACOLA FL 32501-1046		
2. Principal Place of Business 1700 FIREMAN DR		3. Mailing Address Suite, Apt. #, etc.			
City & State Pensacola, Florida		City & State Suite, Apt. #, etc.		4. FEI Number 59-2878007	
Zip 32505		Country ESCAMBRA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUNTER, JERRY JR. 1822 SAINT CATHERINE AVE. PENSACOLA FL 32501-1046				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 DATE 6/14/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	CEO HUNTER, JERRY JR REV 1822 ST CATHERINE PENSACOLA FL 32501 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Good Works Baptist Church Inc. (President) 1700 Fireman Dr., Pensacola, Fl 32505 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOOD WORKS BAPTIST CHURCH, INC 29 SOUTH SPRING ST PENSACOLA FL 32501 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVIS, ERICA 1205 NORTH "F" STREET PENSACOLA FL 32501 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUNTER, JACQUELINE 1822 SAINT CATHERINE AVENUE PENSACOLA FL 32501-1046 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUNTER, LESLIE M 1205 NORTH "F" STREET PENSACOLA FL 32501 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 6/14/05 850-434-1639 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					