2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000007495

1. Entity Name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AMELIA ISLAND-FERNANDINA BEACH-YULEE CHAMBER OF COMMERCE, INC.



FILED May 12, 2008 8:00 am Secretary of State

05-12-2008 90028 010 ****61.25

Daytime Phone #

Date

	Ewayblyd Beach,fl32034		61687GATEWAYBLVD UITE101G ERNANDINABEACH,FL32034							
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	ess			11 0 11 16 111 16 111 1		LIEIT 1818: 1	6 6 86	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			05072008 Chg-NP CR2E037 (12/06)				
City & State		City & State	City & State		4. FEI Number 59-071715	56			olied For Applicable	
Zip	Country	Zip	Country		5. Certificate of S	tatus Desired		8.75 Addi		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
DUNCAN, REGINA M 961687 GATEWAY BLVD				Name Street Address (P.O. Box Number is Not Acceptable)						
SUITE 101	IG DINA BEACH, FL 32034					 -	<u> </u>			
			C	ity			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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Filing Fee is \$61.25 Due by September 12, 2008 9. Election Campaign F Trust Fund Contribut				icing	\$5.00 May Be Added to Fees		Make check prida Departn			
10.	OFFICERS AND DIRECTORS 11			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
TITLE NAME	AUDET, PAUL	☐ Delete	TITLE NAME				ĺ	Change	Addition	
STREET ADDRESS	3199 S FLETCHER AVE		STREET AL	DDRESS						
CITY-ST-ZIP	FERNANDINA BEÁCH, FL 32034		CITY-ST-	ZiP						
TITLE	VD	☐ Delete	TITLE				1	Change	☐ Addition	
NAME STREET ADDRESS	SHELTON, CHARLES- 911 S. 8TH STREET-		NAME STREET AC	000000						
CITY-ST-ZIP	PERNANDINA BEACH, FL 32034	•	CITY-ST-							
TITLE	TD	☐ Delete	TITLE			 _		Change	Addition	
NAME	VANPUYMBROUCK, DONNA LYN		NAME	}				_ •	_	
STREET ADDRESS	4209 E. STATE RD. 200		STREET AD							
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034		CITY-ST-	ZIP						
TITLE NAME	PMS DUNCAN, REGINA M	☐ Delete	TITLE NAME					Change	☐ Addition	
STREET ADDRESS	961687 GATEWAY BLVD STE. 10	1G	STREET AL	DRESS						
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034		CITY-ST-	ZIP						
TITLE	т	☐ Delete	TITLE					Change	☐ Addition	
NAME	SHROADS, JIM		NAME							
STREET ADDRESS CITY-ST-ZIP	SUITE 1016		STREET AC							
TITLE	FERNANDINA BEACH, FL 32034			Zir	1001	W		Change	Addition	
NAME	mcGill, Sean	☐ Delete	TITLE NAME	1/	//X	0		change	Addition	
STREET ADDRESS	650 AIRPORT RD	_	STREET AL	DDRESS	- 32	•				
CITY-ST-ZIP	LIST AIRPORT RD FERNANDINA BEACH	FL 32034	CITY-ST-	Z1P"						
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 ascurate 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 expowered.										