

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90246 007 ****61.25

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1. Entity Name
**THE NAVARRE BEACH AREA CHAMBER OF COMMERCE
FOUNDATION, INC.**



Principal Place of Business
**8543 NAVARRE PARKWAY
NAVARRE, FL 32566**

Mailing Address
**PO BOX 5430
NAVARRE, FL 32566**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03132006

Chg-NP

CR2E037 (11/05)

4. FEI Number
52-2386333

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TERRY, JULIE L
1917 NAVARRE SCHOOL ROAD
NAVARRE, FL 32566**

7. Name and Address of New Registered Agent

Name **Kathi T. Martin**

Street Address (P.O. Box Number is Not Acceptable)
2200 Highway 87

City **Navarre**

FL **32566**

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 **Kathi T. Martin, Director**

3/24/06

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 **D** ☐ Delete
NAME **SPEAR, CARL H**
STREET ADDRESS **8158 NAVARRE PARKWAY**
CITY-ST-ZIP **NAVARRE, FL 32566**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MARTIN, KATHI T**
STREET ADDRESS **2200 HIGHWAY 87**
CITY-ST-ZIP **NAVARRE, FL 32566**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **TAYLOR, EDWARD L**
STREET ADDRESS **140 HOLLYWOOD BOULEVARD**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32549**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KAGAN, JON M**
STREET ADDRESS **7552 NAVARRE PARKWAY SUITE 19**
CITY-ST-ZIP **NAVARRE, FL 32566**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **PULLUM, WILLIAM A**
STREET ADDRESS **8494 NAVARRE PARKWAY**
CITY-ST-ZIP **NAVARRE, FL 32566**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 I am empowered.

SIGNATURE: **Kathi T. Martin, Director**

3/24/06 850-939-3267

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #