2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007651

FILED Apr 19, 2009 Secretary of State

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

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	'ARRE PARKW E, FL 32566	/AY				
Current Mailing Address:			New Maili	New Mailing Address:		
PO BOX 5 NAVARRE	5430 E, FL 32566					
El Number	: 52-2386333	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and	Address of	New Registered Agent:	
	RACY ARRE PARKW E, FL 32566	/AY US				
	e named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered	l office or registered agent, or both,	
SIGNATU	RE:					
	Electror	nic Signature of Registered A	gent		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Fitle: Name: Nddress: City-St-Zip:	D/S (PULLUM, BAR 8494 NAVARRI NAVARRE, FL	E PARKWAY	Title: Name: Address: City-St-Zip:	(() Change () Addition	
Fitle: Name: Address: City-St-Zip:	D (WILLIAMS, MA 715 FOREST S MARY ESTHER	SHORES DR.	Title: Name: Address: City-St-Zip:	HOLDERMAN	(X) Change ()Addition N, CINNAMON JOGN JUNCTION RD L 32566	
Γitle: √ame: √ddress:	D/P (DAHLBERG, S 8234 NAVARRI NAVARRE, FL	E PARKWAY	Title: Name: Address; City-St-Zip:	(() Change () Addition	
City-St-Zip:		N D-1-4-	Title:	(()Change ()Addition	
City-St-Zip: Fitle: Name: Address: City-St-Zip:	D/T (KAGAN, JON N 7552 NAVARRI NAVARRE, FL	E PARKWAY	Name: Address: City-St-Zip:	,		
itle: lame: address:	KAGAN, JON N 7552 NAVARRI NAVARRE, FL	1 E PARKWAY 32566) Delete E PARKWAY	Name: Address:		()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACEY TERRY P 04/19/2009