

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000674

FILED
Apr 30, 2009
Secretary of State

Entity Name: EAST MARION CHAMBER OF COMMERCE, INC

Current Principal Place of Business:

157 NE 172ND AVE
SILVER SPRINGS, FL 34488

New Principal Place of Business:

Current Mailing Address:

157 NE 172ND AVE
SILVER SPRINGS, FL 34488

New Mailing Address:

FEI Number: 59-2875029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITTEN, WILLIAM A
157 NE 172ND AVE
SILVER SPRINGS, FL 34488 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HUNTER, HARRY
Address: 2220 SE 172ND TERR
City-St-Zip: SILVER SPRINGS, FL 34488

Title: S () Delete
Name: LINKE, FRED
Address: 1840 SE 173RD AVE.
City-St-Zip: SILVER SPRINGS, FL 34488

Title: CD () Delete
Name: WHITTEN, WILLIAM A
Address: 157 NE 172ND AVE.
City-St-Zip: SILVER SPRINGS, FL 34488

Title: TD () Delete
Name: WISE, BEVERLY J
Address: 13800 NE 47TH AVE
City-St-Zip: ANTHONY, FL 32617

Title: BD () Delete
Name: MILLER, CHERYL
Address: 1700 SE 17TH ST
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BEVERLY WISE

TD

04/30/2009

Electronic Signature of Signing Officer or Director

Date