

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90332 038 \*\*\*\*61.25

**50010537**



<b>DOCUMENT # N04000003654</b> 1. Entity Name <b>THE GREATER DELAND JUNIOR CHAMBER OF COMMERCE INC.</b>					
Principal Place of Business <b>P.O. BOX 1480 DELAND, FL 32721</b>			Mailing Address <b>P.O. BOX 1480 DELAND, FL 32721</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>LEVESQUE, RHONDA 360 STEWART 6 AVE DELAND, FL 32720</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <i>Rhonda L. Levesque</i>		(NOTE: Registered Agent signature required when reinstating)		DATE <i>4/4/06</i>	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ILSLEY, TAMMIE 1102 E VOORHIS AVE DELAND, FL 32724</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P. ILSLEY, Tammie 1102 E Voorhis Ave Deland, FL 32720</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BROWN, CHRISTINE 370 HILL RD DELAND, FL 32724</b>	<input checked="" 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	<b>VP FISHER, CRYSTAL 1118 E VOORHIS AVE DELAND, FL 32724</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Fisher, Crystal 1118 E Voorhis Ave Deland FL 32724</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S FUHRMANN, KAREN 45834 MAGNOLIA ST PAISLEY, FL 32767</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P. Fisher, David 1118 E Voorhis Ave Deland, FL 32724</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T LEVESQUE, RHONDA 1140 15 ST ORANGE CITY, FL 32763</b>	<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 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 like empowered.					
SIGNATURE: <i>Rhonda L. Levesque</i>			Date <i>4/4/06</i> Daytime Phone # <i>386 785 1500</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					