


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90217 008 ****61.25

DOCUMENT # N04000003654					
1. Entity Name THE GREATER DELAND JUNIOR CHAMBER OF COMMERCE INC.					
Principal Place of Business P.O. BOX 1480 DELAND, FL 32721			Mailing Address P.O. BOX 1480 DELAND, FL 32721		
2. Principal Place of Business - No P.O. Box # 1118 E Voorhis		3. Mailing Address PO Box 1480			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Deland FL		City & State Deland FL		4. FEI Number 86-1116176	
Zip 32724		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVESQUE, RHONDA 300 STEWART AVE DELAND, FL 32720 1140 15th St Orange City FL 32763			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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: <u>Rhonda Levesque</u> DATE: <u>4/28/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 VP NAME ILSLEY, TAMMIE STREET ADDRESS 1102 E VOORHIS AVE CITY-ST-ZIP DELAND, FL 32724	<input checked="" type="checkbox"/> Delete		TITLE VP NAME Hiley Kennedy STREET ADDRESS 43606 Cooter Pond Rd CITY-ST-ZIP Deland FL 32720	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME BROWN, CHRISTINE STREET ADDRESS 370 HILL RD CITY-ST-ZIP DELAND, FL 32724	<input checked="" type="checkbox"/> Delete		TITLE VP NAME DUSTIN KENNEDY STREET ADDRESS 43606 Cooter Pond Rd CITY-ST-ZIP Deland FL 32720	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P NAME FISHER, CRYSTAL STREET ADDRESS 1118 E VOORHIS AVE CITY-ST-ZIP DELAND, FL 32724	<input type="checkbox"/> Delete		TITLE COB NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME FUHRMANN, KAREN STREET ADDRESS 45834 MAGNOLIA ST CITY-ST-ZIP PAISLEY, FL 32767	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME LEVESQUE, RHONDA STREET ADDRESS 1140 15 ST CITY-ST-ZIP ORANGE CITY, FL 32763	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME FISHER, DAVID STREET ADDRESS 1118 E VOORHIS AVE CITY-ST-ZIP DELAND, FL 32724	<input type="checkbox"/> Delete		TITLE PRESIDENT NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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: <u>Rhonda Levesque</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/28/08</u> Daytime Phone #: <u>386 775124</u>		