

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04605

FILED
Feb 13, 2007
Secretary of State

Entity Name: ALACHUA CHAMBER OF COMMERCE, INCORPORATED

Current Principal Place of Business:

24627 NW 110TH AVENUE
ALACHUA, FL 32615 US

New Principal Place of Business:

13800 NW 152 PLACE
BLDG # 03-001
ALACHUA, FL 32615 US

Current Mailing Address:

P. O. BOX 387
ALACHUA, FL 32616 US

New Mailing Address:

FEI Number: 59-2391514 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAUCTION, MARC
14601 N.W. 140 ST.
ALACHUA, FL 32615 US

Name and Address of New Registered Agent:

NEMMERS, JOHN E PRES.
5211 NW 65 LANE
GAINESVILLE, FL 32653 US

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: JOHN E NEMMERS

02/13/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HUGH CALDERWOOD,
Address: 10475 NW 174 AVE.
City-St-Zip: ALACHUA, FL 32615

Title: TD () Delete
Name: SMITH, JERRY
Address: 15000 NW 140 ST
City-St-Zip: ALACHUA, FL 32615

Title: SD () Delete
Name: TILESTON, KAREN
Address: 14520 NW HWY 441
City-St-Zip: ALACHUA, FL 32615

Title: PD () Delete
Name: DAVENPORT, JULIUS
Address: 112300 NW HWY 441
City-St-Zip: ALACHUA, FL 32615

Title: D () Delete
Name: CRANE, KRISTI
Address: 14911 MAIN ST.
City-St-Zip: ALACHUA, FL 32615

Title: D () Delete
Name: BRANDENBURG, JIM
Address: 13800 NW 152 PL
City-St-Zip: ALACHUA, FL 32615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DT (X) Change () Addition
Name: SMITH, JERRY
Address: 15000 NW 140 ST
City-St-Zip: ALACHUA, FL 32615

Title: D (X) Change () Addition
Name: TILESTON, KAREN
Address: 14520 NW HWY 441
City-St-Zip: ALACHUA, FL 32615

Title: D (X) Change () Addition
Name: DAVENPORT, JULIUS
Address: 12300 NW HWY 441
City-St-Zip: ALACHUA, FL 32615

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 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: JOHN E NEMMERS

P

02/13/2007

Electronic Signature of Signing Officer or Director

Date