

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04605

FILED
Jan 27, 2009
Secretary of State

Entity Name: ALACHUA CHAMBER OF COMMERCE, INCORPORATED

Current Principal Place of Business:

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

New Principal Place of Business:

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 (X)

Name and Address of Current Registered Agent:

JAMES, DON PRES
15000 NW 140 ST
ALACHUA, FL 32616 US

Name and Address of New Registered Agent:

CHAPMAN, LINDA PRES
12775 NW 196 TERR
ALACHUA, FL 32615 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: LINDA CHAPMAN

01/27/2009

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

Title: D () Delete
Name: HITCHOCK, ALAN
Address: POB 129
City-St-Zip: ALACHUA, FL 32616

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

Title: D () Delete
Name: RICE CHAPMAN, LINDA
Address: 12775 NW 196 TERR
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: JAMES, DON
Address: 15000 NW 140 ST
City-St-Zip: ALACHUA, FL 32615

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

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

Title: D (X) Change () Addition
Name: MURRAY, JAY
Address: P O BOX 1347
City-St-Zip: ALACHUA, FL 32616

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: LINDA CHAPMAN

PRES

01/27/2009

Electronic Signature of Signing Officer or Director

Date