

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005427

FILED
May 30, 2007
Secretary of State

Entity Name: MIDWAY CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

PO BOX 745
MIDWAY, FL 32343

New Principal Place of Business:

86 SHULER ROAD
MIDWAY, FL 32343

Current Mailing Address:

PO BOX 745
MIDWAY, FL 32343

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MORRIS, ROOSEVELT
23 LONG BRANCH ROAD
MIDWAY, FL 32343 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: MORRIS, ROOSEVELT
Address: 60 LONG BRANCH ROAD
City-St-Zip: MIDWAY, FL 32343

Title: D () Delete
Name: STEVENS, SAMUEL
Address: 45 IMANI CIRCLE
City-St-Zip: MIDWAY, FL 32343

Title: D () Delete
Name: MANN, DANIEL
Address: 308 JOYNER ROAD
City-St-Zip: MIDWAY, FL 32343

Title: S () Delete
Name: PERRY, WILLIS
Address: 32319 HWY 90 W
City-St-Zip: MIDWAY, FL 32343

Title: D () Delete
Name: MORRIS, LINDA
Address: 23 LONG BRANCH RD
City-St-Zip: MIDWAY, FL 32343

Title: T () Delete
Name: OWENS, VERDA
Address: PO BOX 491
City-St-Zip: MIDWAY, FL 32343

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:

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: SAMUEL STEVENS

D

05/30/2007

Electronic Signature of Signing Officer or Director

Date