


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 JUN 23 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000005427		
1. Entity Name MIDWAY CHAMBER OF COMMERCE, INC.		

Principal Place of Business 86 SHULER ROAD MIDWAY, FL 32343	550 PONDEROSA CIRCLE	Mailing Address PO BOX 745 MIDWAY, FL 32343	550 PONDEROSA CIRCLE
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2. Principal Place of Business - No P.O. Box # 550 PONDEROSA CIRCLE	3. Mailing Address 550 PONDEROSA CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIDWAY, FL	City & State MIDWAY, FL
Zip 32343	Zip 32343
Country USA	Country USA

06182008 Chg-NP CR2E037 (12/06)

4. FEI Number APPLIED FOR 43-2082382	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MORRIS, ROOSEVELT 23 LONG BRANCH ROAD MIDWAY, FL 32343	7. Name and Address of New Registered Agent Name ROOSEVELT MORRIS Street Address (P.O. Box Number is Not Acceptable) 550 PONDEROSA CIRCLE City MIDWAY FL Zip Code 32343
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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  DATE 6-19-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 12, 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MORRIS, ROOSEVELT 60 LONG BRANCH ROAD MIDWAY, FL 32343 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JERRY RANKE 86 SHULER ROAD MIDWAY, FL 32343 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVENS, SAMUEL 45 IMANI CIRCLE MIDWAY, FL 32343 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLIE SMITH 564 E BRICKYARD ROAD MIDWAY, FL 32343 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANN, DANIEL 308 JOYNER ROAD MIDWAY, FL 32343 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400132206094 07/03/08--01007--008 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PERRY, WILLIS 32319 HWY 90 W MIDWAY, FL 32343 <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	D MORRIS, LINDA 23 LONG BRANCH RD MIDWAY, FL 32343 <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	T OWENS, VERDA PO BOX 491 MIDWAY, FL 32343 <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:  DATE 6-19-08 DAYTIME PHONE # 850-879-017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR