## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000007467

FILED Apr 20, 2006 Secretary of State

Entity Name: GREATER BRONSON AREA CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 6851 NE CR 337 BRONSON, FL 32621 **Current Mailing Address: New Mailing Address:** 6851 NE CR 337 PO BOX 267 BRONSON, FL 32621 BRONSON, FL 32621 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEVESQUE, ROBERT 6851 NE CR 337 BRONSON, FL 32621 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LEVESQUE, ROBERT Name: Name: 6851 NE CR 337 Address: Address: City-St-Zip: BRONSON, FL 32621 City-St-Zip: Title: Title: ( ) Delete (X) Change ( ) Addition SMOOT, CHRISTOPHER Name: BECK, JAMES Name: Address: 671 PENNSYLVANIA AVE Address: 736 E HATHAWAY AVE City-St-Zip: BRONSON, FL 32621 City-St-Zip: BRONSON, FL 32621 Title: () Delete Title: (X) Change ( ) Addition STANIS, JOSEPH STANIS, JOSEPH Name: Name: Address: 4118 NE 17 TERR Address: 4118 NE 17 TERR City-St-Zip: GAINESVILLE, FL 32609 City-St-Zip: GAINESVILLE, FL 32609 Title: () Delete Title: ( ) Change (X) Addition KOTH-ERNISSEE, TERRI Name: Name: 310 MAIN AVENUE Address: Address: City-St-Zip: City-St-Zip: BRONSON, FL 32621 Title: () Delete Title: ( ) Change (X) Addition GRIFFIN, ROCHELLE Name: Name: 9770 NE SR 24 Address: Address: City-St-Zip: City-St-Zip: ARCHER, FL 32618 Title: () Delete Title: ( ) Change (X) Addition SHEA. EDWARD Name: Name: Address: Address: 810 NE 12TH AVE TRENTON, FL 32693 City-St-Zip: 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: TERRI KOTH-ERNISSEE S 04/20/2006