

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 20, 2009
Secretary of State

DOCUMENT# N05000007467

Entity Name: GREATER BRONSON AREA CHAMBER OF COMMERCE, INC.**Current Principal Place of Business:**810 E. THRASHER
BRONSON, FL 32621**New Principal Place of Business:**10691 NE 109TH STREET
ARCHER, FL 32618**Current Mailing Address:**PO BOX 616
BRONSON, FL 32621**New Mailing Address:****FEI Number:** 30-0328051**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**SAMEC, HEIDI
810 E. THRASHER
BRONSON, FL 32621 US**Name and Address of New Registered Agent:**CAMP, FRANCINE
10691 NE 109TH STREET
ARCHER, FL 32618 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: FRANCINE CAMP

03/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEVESQUE, ROBERT
Address: 6851 NE CR 337
City-St-Zip: BRONSON, FL 32621

Title: V () Delete
Name: BECK, JAMES
Address: 736 E HATHAWAY AVE
City-St-Zip: BRONSON, FL 32621

Title: S () Delete
Name: KOTH-ERNISSEE, TERRI
Address: 310 MAIN AVENUE
City-St-Zip: BRONSON, FL 32621

Title: T (X) Delete
Name: SAMEC, HEIDI
Address: 810 E. THRASHER DR.
City-St-Zip: BRONSON, FL 32621

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CAMP, FRANCINE
Address: 10691 NE 109TH STREET
City-St-Zip: ARCHER, FL 32618 US

Title: S (X) Change () Addition
Name: MILLER, DEBBIE
Address: 9151 NE 102ND CT
City-St-Zip: BRONSON, FL 32621 US

Title: T (X) Change () Addition
Name: SAMES, HEIDI
Address: 810 E. THRASHER DR.
City-St-Zip: BRONSON, FL 32621

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: FRANCINE CAMP

P

03/20/2009

Electronic Signature of Signing Officer or Director

Date