


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90030 050 \*\*\*\*70.00

<b>DOCUMENT # N07880</b> 1. Entity Name APOLLO BEACH CHAMBER OF COMMERCE, INC.					
Principal Place of Business 6432 HWY. 41 N APOLLO BEACH, FL 33572				Mailing Address 6432 HWY. 41 N APOLLO BEACH, FL 33572	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2622690	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PETERSON, MICHAEL L 218 APOLLO BEACH BOULEVARD APOLLO BEACH, FL 33572				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	PD		TITLE		
NAME	WEEDON, RAY <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	839 BIRDIE WAY		STREET ADDRESS		
CITY-ST-ZIP	APOLLO BEACH, FL 33572		CITY-ST-ZIP		
TITLE	VP <input checked="" type="checkbox"/> Delete		TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MARTIN, DONITA		NAME	Proulx, Ronald	
STREET ADDRESS	6542 US HWY 41		STREET ADDRESS	4016 State Rd. 674	
CITY-ST-ZIP	APOLLO BEACH, FL 33572		CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE	SD <input type="checkbox"/> Delete		TITLE	Whitmyer, Jody <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITMYER, JODY		NAME		
STREET ADDRESS	1406 BEACH CLUB LANE		STREET ADDRESS		
CITY-ST-ZIP	APOLLO BEACH, FL 33572		CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete		TITLE		
NAME	WILSON, JOHN		NAME		
STREET ADDRESS	210 APOLLO BEACH BLVD.		STREET ADDRESS		
CITY-ST-ZIP	APOLLO BEACH, FL 33572		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <i>John A. Wilson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>AS TREASURER ACC</b>			<div style="text-align: right;"> <b>2/14/06</b>  <small>Date</small>  <b>813-645-1366</b>  <small>Daytime Phone #</small> </div>		