


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90195 025 \*\*\*\*70.00

<b>DOCUMENT # N07880</b> 1. Entity Name <b>APOLLO BEACH CHAMBER OF COMMERCE, INC.</b>					
Principal Place of Business <b>6432 HWY. 41 N</b> <b>APOLLO BEACH, FL 33572</b>			Mailing Address <b>6432 HWY. 41 N</b> <b>APOLLO BEACH, FL 33572</b>		
2. Principal Place of Business - No P.O. Box # <b>223 FLamingo Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 3686</b> Suite, Apt. #, etc.			
City & State <b>Apollo Beach, FL</b> Zip <b>33572</b>		City & State <b>Apollo Beach, FL</b> Zip <b>33572</b>		Country <b>USA</b>	
Country <b>USA</b>		4. FEI Number <b>59-2622690</b>			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>PETERSON, MICHAEL L</b> <b>218 APOLLO BEACH BOULEVARD</b> <b>APOLLO BEACH, FL 33572</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 reappointing)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</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 <b>PD</b> NAME <b>WEEDON, RAY</b> STREET ADDRESS <b>839 BIRDIE WAY</b> CITY-ST-ZIP <b>APOLLO BEACH, FL 33572</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>PD</b> NAME <b>Proulx, Ronald</b> STREET ADDRESS <b>4016 State Rd 674</b> CITY-ST-ZIP <b>Sun City Center, FL 33573</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>VP</b> NAME <b>PROULX, RONALD</b> STREET ADDRESS <b>4016 STATE RD, 674</b> CITY-ST-ZIP <b>SUN CITY CENTER, FL 33573</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>VP</b> NAME <b>Pearson, Donald</b> STREET ADDRESS <b>PO Box 3739</b> CITY-ST-ZIP <b>Apollo Beach, FL 33572</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>SD</b> NAME <b>WHITMYER, JODY</b> STREET ADDRESS <b>1406 BEACH CLUB LANE</b> CITY-ST-ZIP <b>APOLLO BEACH, FL 33572</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>SD</b> NAME <b>LaLonde, Margaret</b> STREET ADDRESS <b>903 Sago Palm Way</b> CITY-ST-ZIP <b>Apollo Beach, FL 33572</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>TD</b> NAME <b>WILSON, JOHN</b> STREET ADDRESS <b>210 APOLLO BEACH BLVD.</b> CITY-ST-ZIP <b>APOLLO BEACH, FL 33572</b>	<input type="checkbox"/> Delete		(Empty row for additions/changes)		
(Empty row for officers/directors)			(Empty row for additions/changes)		
(Empty row for officers/directors)			(Empty row for additions/changes)		
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 information.					
<b>SIGNATURE:</b> <i>John A. Wilson</i> <b>JOHN A. Wilson</b> <i>1/8/07 (813)645-1366</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					