

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07880

FILED  
Feb 21, 2009  
Secretary of State

**Entity Name:** APOLLO BEACH CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

223 FLAMINGO DRIVE  
APOLLO BEACH, FL 33572

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 3686  
APOLLO BEACH, FL 33572

**New Mailing Address:**

**FEI Number:** 59-2622690

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PETERSON, MICHAEL L  
218 APOLLO BEACH BOULEVARD  
APOLLO BEACH, FL 33572 US

**Name and Address of New Registered Agent:**

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:**

Title: PD ( ) Delete  
Name: LALONDE, MARGARET  
Address: 903 SAGO PALM WAY  
City-St-Zip: APOLLO BEACH, FL 33572

Title: VP ( ) Delete  
Name: WHITMYER, JODY  
Address: 1406 BEACH CLUB LN  
City-St-Zip: APOLLO BEACH, FL 33572

Title: SD ( ) Delete  
Name: DENNEY, BONNIE  
Address: 6530 HWY 41 N  
City-St-Zip: APOLLO BEACH, FL 33572

Title: TD ( ) Delete  
Name: MARTIN, JAMES  
Address: 220 LAKEWAY LN  
City-St-Zip: APOLLO BEACH, FL 33572

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: WHITMYER, JODY  
Address: 1406 BEACH CLUB LANE  
City-St-Zip: APOLLO BEACH, FL 33572

Title: VP (X) Change ( ) Addition  
Name: WILSON, JOHN  
Address: 218 APOLLO BEACH BLVD.  
City-St-Zip: APOLLO BEACH, FL 33572

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAMES MARTIN

TD

02/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date