

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005001

FILED  
Feb 11, 2009  
Secretary of State

**Entity Name:** GREATER SOUTHPORT AREA CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

7645 GLEN COVE LN  
SOUTHPORT, FL 32409

**New Principal Place of Business:**

**Current Mailing Address:**

228 E 4TH STREET  
PANAMA CITY, FL 32401

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

FERLAND, ROSS  
7645 GLEN COVE LN  
SOUTHPORT, FL 32409      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: D                      ( ) Delete  
Name: CAMPBELL, TIMOTHY C  
Address: P.O. BOX 8051  
City-St-Zip: SOUTHPORT, FL 32409

Title: D                      ( ) Delete  
Name: YOUNGBLOOD, BOBBY  
Address: 1528 2ND STREET  
City-St-Zip: PANAMA CITY, FL 32409

Title: D                      ( ) Delete  
Name: FERLAND, ROSS DR  
Address: 7645 GLEN COVE LANE  
City-St-Zip: PANAMA CITY, FL 32409

Title: D                      ( ) Delete  
Name: GLASS, JAMES  
Address: 7723 TILLMAN LANE  
City-St-Zip: PANAMA CITY, FL 32409

Title: D                      ( ) Delete  
Name: NEWELL, JESSIE  
Address: PO BOX 8337  
City-St-Zip: SOUTHPORT, FL 32409

Title: D                      ( ) Delete  
Name: TATAM, HERMAN  
Address: 7810 DUVAL AVE  
City-St-Zip: PANAMA CITY, FL 32409

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

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

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

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

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

Title: D                      (X) Change ( ) Addition  
Name: NEWELL, JESSE  
Address: PO BOX 8337  
City-St-Zip: SOUTHPORT, FL 32409

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: JESSE NEWELL

D

02/11/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date