2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2011
Secretary of State

DOCUMENT# N09000004933

Entity Name: CHAMBER EDUCATION TRAINING ASSOCIATION, INC.

Current Principal Place of Business:

15588 AVIATION LOOP DR.
BROOKSVILLE, FL 34604

New Principal Place of Business:

Current Mailing Address:

15588 AVIATION LOOP DR
BROOKSVILLE, FL 34604

New Mailing Address:

15588 AVIATION LOOP DR.
BROOKSVILLE, FL 34604

FEI Number: 27-0397040 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PORTON, MORRIS CHAIRMA
4301 BARCLAY DR.
BROOKSVILLE, FL 34609 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: P
Name: CROWLEY, PATRICIA
Address: 15588 AVIATION LOOP DR
City-St-Zip: BROOKSVILLE, FL 34604

Title: T
Name: PATTERSON, CLINT
Address: 8356 FOREST OAKS BLVD.
City-St-Zip: SPRING HILL, FL 34606

Title: S
Name: MITTEN, JOHN
Address: 13143 CORTEZ BLVD.
City-St-Zip: BROOKSVILLE, FL 34613

Title: CHEL
Name: WOODRUFF, RANDALL
Address: 801 S. BROAD ST
City-St-Zip: BROOKSVILLE, FL 34601

Title: O
Name: SHRIEVES, SAM
Address: 14302 SPRING HILL DR.
City-St-Zip: SPRING HILL, FL 34609

I hereby 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 all other like empowered.

SIGNATURE: MORRIS PORTON CB 02/22/2011

Electronic Signature of Signing Officer or Director Date