

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09586

FILED
Jan 11, 2005
Secretary of State

Entity Name: WALTON COUNTY CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

63 SOUTH CENTRE TRAIL
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

Current Mailing Address:

63 SOUTH CENTRE TRAIL
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

FEI Number: 59-0568662 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MILLER, GEORGE RALPH
105 E. NELSON AVENUE
DEFUNIAK SPRINGS, FL 32433 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: IPCD () Delete
Name: HUGGINS, DIANE
Address: 223 TIMBERWIND DRIVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: CEO () Delete
Name: NEALE, ROB
Address: 46 S 8TH STREET
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: VD () Delete
Name: SEVERANCE, RICK
Address: 81 BUD'S LANE
City-St-Zip: SEASIDE, FL 32459

Title: PCEO () Delete
Name: TEDESCO, PAMELA A
Address: 63 SOUTH CENTRE TRAIL
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: CD () Delete
Name: MCCONNELL, BILLY
Address: 24 CENTRAL SQUARE
City-St-Zip: SEASIDE, FL 32459

Title: TD () Delete
Name: KELLEY, LORI
Address: 36474 EMERALD COAST PKWY
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: ANDREWS, ANGUS
Address: 694 BALDWIN AVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

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: VD (X) Change () Addition
Name: STANGE, MIKE
Address: 9300 HIGHWAY 98 WEST
City-St-Zip: SANDESTIN, FL 32550

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PAMELA A. TEDESCO

PCEO

01/11/2005

Electronic Signature of Signing Officer or Director

Date