2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State
01-31-2005 90075 046 ****61.25

DOCUMENT # N10322

1. Entity Name
WILLISTON AREA CHAMBER OF COMMERCE, INC.

Principal Place of Business	Mailing Address
~~40~~ S. MAIN ST STE B WILLISTON, FL 32696 US	P O BOX 369 WILLISTON, FL 32696 US

01242005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
37 S. MAIN ST.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WILLISTON, FL.	City & State
Zip: 32696 Country: LEVY	Zip Country

4. FEI Number: 59-2570520 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ETHERIDGE, TODD 342 EAST NOBLE STREET WILLISTON, FL 32696	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

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: PRES. TODD ETHERIDGE 1-27-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KRAFT, ALLEN 112 NE 6TH AVE WILLISTON, FL 32696	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ETHERIDGE, TODD 342 E NOBLE AVE WILLISTON, FL 32696	☐ Delete	TD ETHERIDGE, TODD 342 E. NOBLE AVE WILLISTON, FL 32696	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CROSBY, KEN 512 E NOBLE AVE. WILLISTON, FL 32696	☐ Delete	PD CROSBY, KEN 512 E. NOBLE AVE. WILLISTON, FL. 32696	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GARRETT, AVA 12 S MAIN ST. WILLISTON, FL 32696	☐ Delete	SD GARRETT, AVA 12 S. MAIN ST WILLISTON, FL. 32696	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BIRD, ALAN 125 SW 7TH ST WILLISTON, FL 32696	☐ Delete	D ROBINSON, CATHY 19060 NE 31ST PL. WILLISTON, FL. 32696	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BIBBY, DAVE 650 NE 132 TERR WILLISTON, FL 32696	☐ Delete	D LOTT, ANDY 144 E. NOBLE AVE. WILLISTON, FL. 32696	☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 empowered.

SIGNATURE: TODD ETHERIDGE 1-27-05 352-528-3101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #