

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10322

FILED
May 01, 2006
Secretary of State

Entity Name: WILLISTON AREA CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

37 SOUTH MAIN STREET
WILLISTON, FL 32696 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 369
WILLISTON, FL 32696 US

New Mailing Address:

FEI Number: 59-2570520 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ETHERIDGE, TODD
342 EAST NOBLE STREET
WILLISTON, FL 32696 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: LOTT, ANDY
Address: 144 EAST NOBLES AVENUE
City-St-Zip: WILLISTON, FL 32696

Title: TD () Delete
Name: ETHERIDGE, TODD
Address: 342 E NOBLE AVE
City-St-Zip: WILLISTON, FL 32696

Title: PD () Delete
Name: CROSBY, KEN
Address: 512 E NOBLE AVE.
City-St-Zip: WILLISTON, FL 32696

Title: SD () Delete
Name: GARRETT, AVA
Address: 12 S MAIN ST.
City-St-Zip: WILLISTON, FL 32696

Title: D (X) Delete
Name: BIRD, ALAN
Address: 125 SW 7TH ST
City-St-Zip: WILLISTON, FL 32696

Title: D (X) Delete
Name: BIBBY, DAVE
Address: 650 NE 132 TERR
City-St-Zip: WILLISTON, FL 32696

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: BYRD, ALAN
Address: 125 SW 7TH STREET
City-St-Zip: WILLISTON, FL 32696

Title: VP/D (X) Change () Addition
Name: EVELAND, CHRISTIE
Address: 144 E. NOBLE
City-St-Zip: WILLISTON, FL 32696

Title: SEC (X) Change () Addition
Name: TURBEVILLE, JULIE
Address: 37 S. MAIN STREET
City-St-Zip: WILLISTON, FL 32696

Title: D (X) Change () Addition
Name: MCMILLEN, STEPHEN
Address: 40 S. MAIN STREET
City-St-Zip: WILLISTON, FL 32696

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 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: MARY P KLINE

DIR

05/01/2006

Electronic Signature of Signing Officer or Director

Date