2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # N10322

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

Principal Place of Business	Mailing Address
37 SOUTH MAIN STREET WILLISTON, FL 32696 US	P O BOX 369 WILLISTON, FL 32696 US

01272006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

ETHERIDGE, TODD
342 EAST NOBLE STREET
WILLISTON, FL 32696

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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 ALAN BIRD 4-13-06
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, 2006

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

000005518677
05/02/06-00023-006 61.25

10.	OFFICERS AND DIRECTORS
TITLE	D
NAME	LOTT, ANDY
STREET ADDRESS	144 EAST NOBLES AVENUE
CITY-ST-ZIP	WILLISTON, FL 32696
TITLE	TD
NAME	ETHERIDGE, TODD
STREET ADDRESS	342 E NOBLE AVE
CITY-ST-ZIP	WILLISTON, FL 32696
TITLE	PD
NAME	CROSBY, KEN
STREET ADDRESS	512 E NOBLE AVE.
CITY-ST-ZIP	WILLISTON, FL 32696
TITLE	SD
NAME	GARRETT, AVA
STREET ADDRESS	12 S MAIN ST.
CITY-ST-ZIP	WILLISTON, FL 32696
TITLE	D
NAME	BIRD, ALAN
STREET ADDRESS	125 SW 7TH ST
CITY-ST-ZIP	WILLISTON, FL 32696
TITLE	D
NAME	BIBBY, DAVE
STREET ADDRESS	650 NE 132 TERR
CITY-ST-ZIP	WILLISTON, FL 32696

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Mary P. Kline 4-13-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MARY P. KLINE
EXECUTIVE DIRECTOR