


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90104 048 ****70.00

DOCUMENT # N10322			
1. Entity Name WILLISTON AREA CHAMBER OF COMMERCE, INC.			
Principal Place of Business 37 SOUTH MAIN STREET WILLISTON FL 32696 US		Mailing Address P O BOX 369 WILLISTON FL 32696 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent ETHERIDGE, TODD 342 EAST NOBLE STREET WILLISTON FL 32696		7. Name and Address of New Registered Agent Name STEPHEN McMILLEN Street Address (P.O. Box Number is Not Acceptable) 40 S. MAIN ST. Williston 32696 City FL Zip Code	
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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 STEPHEN McMILLEN
Signature, typed or printed name of registered agent and title if applicable

[Signature]
(NOTE: Registered Agent signature required when reinstating)

2-2-07
DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	P/D BYRD, ALAN 125 SW 7TH STREET WILLISTON FL 32696 <input type="checkbox"/> Delete	TITLE P/D NAME STREET ADDRESS CITY ST ZIP	STEPHEN McMILLEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 40 S MAIN ST. WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY ST ZIP	VP/D EVELAND, CHRISTIE 144 E. NOBLE WILLISTON FL 32696 <input type="checkbox"/> Delete	TITLE VP/D NAME STREET ADDRESS CITY ST ZIP	JUSTIN HEAD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 342 E. NOBLE AVE WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY ST ZIP	SEC TURBEVILLE, JULIE 37 S. MAIN STREET WILLISTON FL 32696 <input type="checkbox"/> Delete	TITLE T/D NAME STREET ADDRESS CITY ST ZIP	CHRISTIE EVELAND <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 144 E. NOBLE AVE WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY ST ZIP	D McMILLEN, STEPHEN 40 S. MAIN STREET WILLISTON FL 32696 <input type="checkbox"/> Delete	TITLE S/D NAME STREET ADDRESS CITY ST ZIP	JULIE TURBEVILLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 37 S. MAIN ST WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY ST ZIP	CATHY ROBINSON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 19060 NE 31ST PL. WILLISTON FL 32696
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY ST ZIP	JIM SMITH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 112 W. NOBLE AVE WILLISTON, FL 32696

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-07
Date

Daytime Phone #