

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10322

FILED  
Jan 29, 2008  
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:**

33 SOUTH MAIN STREET  
WILLISTON, FL 32696 US

**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 ( )**

**Name and Address of Current Registered Agent:**

MCMILLEN, STEPHEN  
40 S. MAIN 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: P/D ( ) Delete  
Name: MCMILLEN, STEPHEN  
Address: 405 MAIN STREET  
City-St-Zip: WILLISTON, FL 32696

Title: VP/D ( ) Delete  
Name: HEAD, JUSTIN  
Address: 342 E. NOBLE AVE.  
City-St-Zip: WILLISTON, FL 32696

Title: TD ( ) Delete  
Name: EVELAND, CHRISTIE  
Address: 144 E. NOBLE AVE.  
City-St-Zip: WILLISTON, FL 32696

Title: SD ( ) Delete  
Name: TURBEVILLE, JULIE  
Address: 37 MAIN STREET  
City-St-Zip: WILLISTON, FL 32696

Title: D ( ) Delete  
Name: ROBINSON, CATHY  
Address: 19060 NE 31ST PLACE  
City-St-Zip: WILLISTON, FL 32696

Title: D ( ) Delete  
Name: SMITH, JIM  
Address: 112 W. NOBLE AVE.  
City-St-Zip: WILLISTON, FL 32696

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: MCMILLEN, STEPHEN  
Address: 33S MAIN STREET  
City-St-Zip: WILLISTON, FL 32696

Title: P/D (X) Change ( ) Addition  
Name: HEAD, JUSTIN  
Address: 342 E. NOBLE AVE.  
City-St-Zip: WILLISTON, FL 32696

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

Title: SD (X) Change ( ) Addition  
Name: SMITH, JIM  
Address: 112 W NOBLE AVE  
City-St-Zip: WILLISTON, FL 32696

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

Title: VP/D (X) Change ( ) Addition  
Name: OGLE, EARL  
Address: 40 NW 1ST STREET  
City-St-Zip: WILLISTON, FL 32696

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

EXDR

01/29/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date