

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10322

FILED
Feb 26, 2009
Secretary of State

Entity Name: WILLISTON AREA CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

607 S.W. 1ST AVENUE
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 ()

Name and Address of Current Registered Agent:

KLINE, MARY
607 S.W. 1ST AVENUE
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: MCMILLEN, STEPHEN
Address: 33S MAIN STREET
City-St-Zip: WILLISTON, FL 32696

Title: P/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: SMITH, JIM
Address: 112 W NOBLE AVE
City-St-Zip: WILLISTON, FL 32696

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BENNETT, BILL DR
Address: 5850 NE STATE ROAD 121
City-St-Zip: WILLISTON, FL 32696

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

Title: TD (X) Change () Addition
Name: PRICE, JACKIE
Address: 311 NE 9TH ST
City-St-Zip: CHIEFLAND, FL 32626

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

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 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

EX.D

02/26/2009

Electronic Signature of Signing Officer or Director

Date