

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10322

FILED
Jan 26, 2010
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
Name: BENNETT, BILL DR
Address: 5850 NE STATE ROAD 121
City-St-Zip: WILLISTON, FL 32696

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

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

Title: SD
Name: WASSON, TAYLOR
Address: 37 SOUTH MAIN ST
City-St-Zip: WILLISTON, FL 32696

Title: D
Name: GRAY, JOHN
Address: 109 SW 7TH ST.
City-St-Zip: WILLISTON, FL 32696

Title: VP/D
Name: CRANE, MAGGIE
Address: 824 N. MAIN ST
City-St-Zip: WILLISTON, FL 32696

I hereby 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 all other like empowered.

SIGNATURE: MARY P. KLINE

D

01/26/2010

Electronic Signature of Signing Officer or Director

Date