

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10322

FILED
Jan 25, 2012
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: MURPHY, DEBBIE DR
Address: 37 SOUTH MAIN ST.
City-St-Zip: WILLISTON, FL 32696

Title: VP/D
Name: ZERBINI, PATRICIA
Address: 18655 NE 81ST ST.
City-St-Zip: WILLISTON, FL 32696

Title: D
Name: OGLE, EARL
Address: 2291 SE 116 AVE
City-St-Zip: MORRISTON, FL 32668

Title: SD
Name: MUNDEN, JENNIFER
Address: 248 NW 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: P/D
Name: SMITH, JAMES
Address: 112 W. NOBLE AVE.
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

RA

01/25/2012

Electronic Signature of Signing Officer or Director

Date