

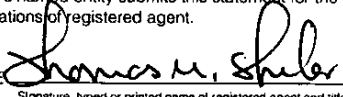



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90193 039 \*\*\*\*61.25

<b>DOCUMENT # N11821</b> 1. Entity Name APALACHICOLA BAY CHAMBER OF COMMERCE, INC.					
Principal Place of Business 122 COMMERCE ST APALACHICOLA, FL 32320 US			Mailing Address 122 COMMERCE ST APALACHICOLA, FL 32320 US		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-0549478				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  SHULER, MICHAEL 34 4TH STREET APALACHICOLA, FL 32320			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE:   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARRISH, JOSEPH 233 WATER ST APALACHICOLA, FL 32320	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kathy Robinson vP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 152 14th Street Apalachicola FL 32320	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLAIR, CURT 329 WATER ST APALACHICOLA, FL 32320	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Curt Blair President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ← (same)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HALL, JERRY 100 MARKET STR APALACHICOLA, FL 32320	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARSH, TAMAR 2214 AVENUE E APALACHICOLA, FL 32320	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b>  <b>Curt Blair</b> <span style="float: right;">1/3/05 653-8419</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					