2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28040

FILED Jan 29, 2007 Secretary of State

Entity Name: THE GULF BREEZE AREA CHAMBER OF COMMERCE, INC.

Current Principal Place of Business: New Principal Place of Business: 409 GULF BREEZE PKWY 409 GULF BREEZE PKWY GULF BREEZE, FL 32561 GULF BREEZE, FL 32561 US **Current Mailing Address: New Mailing Address:** 409 GULF BREEZE PKWY P.O. BOX 337 **GULF BREEZE, FL 325620337** GULF BREEZE, FL 32561 US FEI Number: 59-2901259 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SANSOM, RANDALL L 87 BAYBRIDGE PARK GULF BREEZE, FL 32561 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition MELLOR, MARC MELLOR, MARC Name: Name: 9900 N. DAVIS HWY. Address: 1110 WEST NINE MILE RD. Address: City-St-Zip: PENSACOLA, FL 32514 City-St-Zip: PENSACOLA, FL 32534 US Title: SD () Delete Title: (X) Change () Addition COOPER, DONNA Name: COOPER, DONNA Name: Address: 1387 SHORELINE DR. Address: 1387 SHORELINE DR. City-St-Zip: GULF BREEZE, FL 32561 City-St-Zip: GULF BREEZE, FL 32561 US Title: () Delete Title: ED (X) Change () Addition KIMBROUGH, SANDY PELTIER, MEG Name: Name: 409 GULF BREEZE PKWY Address: Address: 409 GULF BREEZE PKWY City-St-Zip: GULF BREEZE, FL 32561 City-St-Zip: GULF BREEZE, FL 32561 US Title: TD () Delete Title: (X) Change () Addition Name: KOONCE, ROBERT A Name: KOONCE, ROBERT A Address: 15 WEST MAIN ST. Address: 4300 BAYOU BLVD. City-St-Zip: PENSACOLA, FL 32502 City-St-Zip: PENSACOLA, FL 32503 US Title: () Delete Title: () Change (X) Addition CANTIN, RICHARD H Name: Name: 913 GULF BREEZE PKWY STE 14 Address: Address: City-St-Zip: City-St-Zip: GULF BREEZE, FL 32563 Title: () Delete Title: () Change (X) Addition JOLLY, DOUG Name: Name: Address: Address: 1830 HICKORY SHORES RD. SUITE B GULF BREEZE, FL 32563 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MEG PELTIER ED 01/29/2007