

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31549

FILED
Feb 05, 2005
Secretary of State

Entity Name: WESTON AREA CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

C/O JACK MILLER
1290 WESTON ROAD #200
WESTON, FL 33326 US

New Principal Place of Business:

Current Mailing Address:

C/O JACK MILLER
1290 WESTON ROAD #200
WESTON, FL 33326 US

New Mailing Address:

FEI Number: 65-0111523

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADELKOPF, DONNA
1290 WESTON ROAD
200
WESTON, FL 33326 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: PD () Delete
Name: MILLER, JACK PD
Address: 1290 WESTON RD #200
City-St-Zip: WESTON, FL 33326

Title: CD () Delete
Name: WHITFIELD, JOANNE C CD
Address: 1290 WESTON RD #200
City-St-Zip: WESTON, FL 33326

Title: DVS () Delete
Name: ADELKOPF, DONNA DVS
Address: 1290 WESTON RD #200
City-St-Zip: WESTON, FL 33326

Title: DVT () Delete
Name: MILLER, CAROLE D
Address: 1290 WESTON RD #200
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 for the exemption stated in Section 119.07(3)(i), 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: JACK MILLER

PD

02/05/2005

Electronic Signature of Signing Officer or Director

Date