



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90096 011 ****61.25

DOCUMENT # N31863 1. Entity Name PALM BAY AREA CHAMBER OF COMMERCE, INC.					
Principal Place of Business 1153 MALABAR RD NE STE 18 INTERCHANGE SQUARE PALM BAY FL 32907				Mailing Address 1153 MALABAR RD NE STE 18 INTERCHANGE SQUARE PALM BAY FL 32907	
2. Principal Place of Business - No P.O. Box # Greater Palm Bay Chamber 4100 Dixie Hwy. NE Palm Bay FL 32905		3. Mailing Address Greater Palm Bay Chamber 4100 Dixie Hwy. NE Palm Bay FL 32905			
4. FEI Number 59-2991587		1st MOORE CR2E037 (10/06)		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 BISHOP, KATHLEEN CEO 1153 MALABAR ROAD SUITE 18 PALM BAY FL 32907			
7. Name and Address of New Registered Agent Name Kathleen Bishop / CEO Street Address (P.O. Box Number is Not Acceptable) 4100 Dixie Hwy. NE City Palm Bay FL Zip Code 32905		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. SIGNATURE <i>Kathleen Bishop</i> (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP PC Past Chair MCGAHEE, CHRIS 6450 SOUTH US HIGHWAY 1 ROCKLEDGE FL 32955	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 1VCD Vicky Mays 1480 Palm Bay Road Palm Bay FL 32905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP PC MAYNARD, SHARON 828 MALABAR ROAD SE PALM BAY FL 32907	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 2 Vice Chair Russell Schaad 2591 Kirby Circle Palm Bay FL 32905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP PC Chair WHITE, BARRY 2101 WAVERLY PLACE MELBOURNE FL 32901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP Vice Chair Nancy Domonowsky 4888 Babcock St NE Palm Bay FL 32905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP SD MOORE, BRAD 1250 W. EAU GALLIE BLVD. UNIT K MELBOURNE FL 32935	<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 1VCD GOLUMBECK, DAVID 440 S. BABCOCK STREET MELBOURNE FL 3290-1	<input checked="" 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 TD SMITH, CHERYL 1766 CANOVA STREET SE PALM BAY FL 32909	<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 Section 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.

SIGNATURE: *Sharon L. Maynard* **1/31/07 321 951-9998**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #