

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N32270

1. Entity Name
INDIAN RIVER COUNTY CHAMBER OF COMMERCE, INC.



Principal Place of Business
**C/O PENNY S. CHANDLER
1216-21ST STREET
VERO BEACH, FL 32960 US**

Mailing Address
**1216-21ST STREET
1216-21ST STREET
VERO BEACH, FL 32960 US**



02102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0493830

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHANDLER, PENNY S.
1216-21ST STREET
VERO BEACH, FL 32960**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RILEY, RANDY
1216 21ST STREET
VERO BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HART, JAY
1216 21ST STREET
VERO BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BOONE, KELLEY
1216 21ST STREET
VERO BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HATCH, IRA
1216 21ST STREET
VERO BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CHANDLER, PENNY
1216-21ST STREET
VERO BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LOFTUS, DONALD
1216-21ST STREET
VERO BEACH, FL**

1111100456470
03/16/06 80030-024 61.25

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

Penny Chandler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/06

772-567-3491

Date

Daytime Phone #