

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N34285 1. Entity Name FLORIDA CHIROPRACTIC SOCIETY POLITICAL ACTION COMMITTEE, INC.					
Principal Place of Business 1148 E JOHN SIMS PARKWAY NICEVILLE, FL 32578 US			Mailing Address 1148 E JOHN SIMS PARKWAY NICEVILLE, FL 32578 US		
2. Principal Place of Business 4566 Hwy 20E		3. Mailing Address 4566 Hwy 20 E			
Suite, Apt. #, etc. Ste 205		Suite, Apt. #, etc. Ste. 205			
City & State Niceville FL		City & State Niceville, FL			
Zip 32578		Country USA		4. FEI Number 59-2997902	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ZOOK, TIMOTHY 1148 E JOHN SIMS PARKWAY NICEVILLE, FL 32578			7. Name and Address of New Registered Agent Name Karen Humbert Street Address (P.O. Box Number is Not Acceptable) 4566 Hwy 20 E, Ste. 205 City Niceville FL Zip Code 32578		
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 <u><i>Karen Humbert, DC</i></u> Chairman 9/27/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		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	C ZOOK, TIMOTHY 1148 E JOHN SIMS PKWY NICEVILLE, FL 32578 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Karen Humbert 4566 Hwy 20 East, Ste. 205 Niceville, FL 32578 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEDGLAN, PAULA 1313 E. SAMPLE ROAD POMPANO BEACH, FL 33064 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Chriss Sigafoose 1691 Tamiami Trail Venice, FL 33429 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUMBERT, KAREN 4566 HWY 20 E., SUITE 205 NICEVILLE, FL 32578 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Karen Humbert 4566 Hwy 20 E., Ste. 205 Niceville, FL 32578 <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	
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.					
SIGNATURE: <u><i>Karen Humbert DC</i></u> 9/27/06 850-897-1105 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

FILED

2006 OCT -4 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09272006 Chg-NP CR2E037 (4/06)

4. FEI Number
59-2997902 Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
 Name **Karen Humbert**
 Street Address (P.O. Box Number is Not Acceptable)
4566 Hwy 20 E, Ste. 205
 City **Niceville** **FL** Zip Code **32578**

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 *Karen Humbert, DC* **Chairman** **9/27/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$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
Chairman
Karen Humbert
4566 Hwy 20 East, Ste. 205
Niceville, FL 32578 ☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Secretary
Chriss Sigafoose
1691 Tamiami Trail
Venice, FL 33429 ☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Treasurer
Karen Humbert
4566 Hwy 20 E., Ste. 205
Niceville, FL 32578 ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete ☐ Change ☐ 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.
 SIGNATURE: *Karen Humbert DC* **9/27/06** **850-897-1105**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #