

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90207 029 ****61.25

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04252006 Chg-NP CR2E037 (11/05)

DOCUMENT # N41772 1. Entity Name HIGH SPRINGS CHAMBER OF COMMERCE, INC.					
Principal Place of Business 25 NE RAILROAD AVE HIGH SPRINGS, FL 32643-7863			Mailing Address PO BOX 863 HIGH SPRINGS, FL 32655-0863 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3065407	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TURCHYN, SUSAN 29284 NW 203RD PLACE HIGH SPRINGS, FL 32643			7. Name and Address of New Registered Agent Name Regina E. Quick Street Address (P.O. Box Number is Not Acceptable) 15 NW First Avenue City High Springs FL Zip Code 32643		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Regina E. Quick <small>(NOTE: Registered Agent signature required when reinstating)</small>		04-25-2006 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2006		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	D CLARICH, HEATHER 320 9TH STREET HIGH SPRINGS, FL 32643	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Clarich, Heather 325 N Main Street High Springs, FL 32643	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOOTHBY, TONY 420 NW 1ST AVE HIGH SPRINGS, FL 32643	<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	D TURCHYN, SUSAN 27284 NW 203RD PLACE HIGH SPRINGS, FL 32643	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Matthew P. Chesonis, II 5 NW First Avenue High Springs, FL 32643	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUGMAN, SHARON 258 SW WOODLAND AVE FORT WHITE, FL 32038	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Regina E. Quick 15 NW First Avenue High Springs, FL 32643	<input checked="" 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:			Regina E. Quick, 04-25-2006, 386-454-3776		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		