

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41772

FILED  
Jun 26, 2009  
Secretary of State

**Entity Name:** HIGH SPRINGS CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

25 NE RAILROAD AVE  
HIGH SPRINGS, FL 326437863

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 863  
HIGH SPRINGS, FL 326550863 US

**New Mailing Address:**

**FEI Number:** 59-3065407      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

QUICK, REGINA E  
15 NE 1ST AVE  
HIGH SPRINGS, FL 32643 US

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: D ( ) Delete  
Name: CLARICH, HEATHER  
Address: 325 NORTH MAIN ST  
City-St-Zip: HIGH SPRINGS, FL 32643 US

Title: D ( ) Delete  
Name: REGENSDOR, LUCIE F  
Address: 420 NW FIRST AVENUE  
City-St-Zip: HIGH SPRINGS, FL 32643 US

Title: D ( ) Delete  
Name: QUICK, REGINA E  
Address: 15 NW 1ST AVE  
City-St-Zip: HIGH SPRINGS, FL 32643 US

**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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: REGINA E QUICK

D

06/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date