

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N45852**

1. Entity Name  
**FLAGLER BEACH CHAMBER OF COMMERCE, INC.**



Principal Place of Business  
**400 C. A1A  
FLAGLER BEACH, FL 32136**

Mailing Address  
**PO BOX 5  
FLAGLER BEACH, FL 32136**



02222005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0321325**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FOREHAND, ZOEI  
400 C SOUTH OCEANSHORE BLVD A-1-A  
FLAGLER BEACH, FL 32136**

**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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	1VP
NAME	FOREHAND, ZOEI
STREET ADDRESS	400 A. SOUTH OCEANSHORE BLVD
CITY-ST-ZIP	FLAGLER BEACH, FL 32136
TITLE	2VP
NAME	PILLITTIERI, SALLY
STREET ADDRESS	400 C. SOUTH OCEANSHORE BLVD.
CITY-ST-ZIP	FLAGLER BEACH, FL 32136
TITLE	T
NAME	REEVES, CHERI P
STREET ADDRESS	540 LEEWAY TRAIL
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	P
NAME	STETTLER, MARY
STREET ADDRESS	205 N. CENTRAL AVENUE
CITY-ST-ZIP	FLAGLER BEACH, FL 32136
TITLE	S
NAME	CLEMENS, REGINA
STREET ADDRESS	200 S. HWY A1A
CITY-ST-ZIP	FLAGLER BEACH, FL 32136
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT 243692  
02/25/05-80052-008 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**CHERI P. REEVES, TREASURER**

3/22/05 386499-0995