

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45852

FILED
Feb 22, 2008
Secretary of State

Entity Name: FLAGLER BEACH CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

207 SOUTH CENTRAL AVE.
FLAGLER BEACH, FL 32136

New Principal Place of Business:

Current Mailing Address:

PO BOX 5
FLAGLER BEACH, FL 32136

New Mailing Address:

20 AIRPORT ROAD
SUITE C
PALM COAST, FL 32164

FEI Number: 65-0321325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOKES, LEA
207 SOUTH CENTRAL AVENUE
FLAGLER BEACH, FL 32136 US

Name and Address of New Registered Agent:

STOKES, LEA
109 S. 6TH STREET
FLAGLER BEACH, FL 32136 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: LEA STOKES

02/22/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STOKES, LEA
Address: 207 SOUTH CENTRAL AVE
City-St-Zip: FLAGLER BEACH, FL 32136

Title: 2VP () Delete
Name: HANARAHAN, BILL
Address: 207 SOUTH CENTRAL AVE.
City-St-Zip: FLAGLER BEACH, FL 32136

Title: T () Delete
Name: STETLER, MARY A
Address: 461 NORTH 10TH ST.
City-St-Zip: FLAGLER BEACH, FL 32136

Title: S (X) Delete
Name: WHETSELL, ALLEN
Address: 207 N. CENTRAL AVENUE
City-St-Zip: FLAGLER BEACH, FL 32136

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STOKES, LEA
Address: 109 S. 6TH STREET
City-St-Zip: FLAGLER BEACH, FL 32136

Title: VP (X) Change () Addition
Name: PRUDEN, TERI
Address: PO BOX 2480
City-St-Zip: FLAGLER BEACH, FL 32136

Title: T/S (X) Change () Addition
Name: STETLER, MARY A
Address: 205 N CENTRAL AVE
City-St-Zip: FLAGLER BEACH, FL 32136

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: DOUG BAXTER

PRES

02/22/2008

Electronic Signature of Signing Officer or Director

Date