

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N45852

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

20 AIRPORT ROAD  
SUITE C  
PALM COAST, FL 32164

**New Principal Place of Business:**

**Current Mailing Address:**

20 AIRPORT ROAD  
SUITE C  
PALM COAST, FL 32164

**New Mailing Address:**

**FEI Number:** 65-0321325

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHIUMENTO & GUNTARP P.A.  
145 CITY PLACE  
SUITE 301  
PALM COAST, FL 32164 US

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

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: CHR  
Name: POZZUOLI, JOSEPH  
Address: 314 E MOODY BLVD  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: DRCT  
Name: ROGELL, JOHN  
Address: PO BOX 350633  
City-St-Zip: PALM COAST, FL 32135

Title: DRCT  
Name: JOHNSTON, JENNIFER  
Address: 808 MOODY LANE  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: PRES  
Name: BAXTER, DOUGLAS J  
Address: 20 AIRPORT ROAD, SUITE C  
City-St-Zip: PALM COAST, FL 32164

Title: DRCT  
Name: FISHER, CAROL  
Address: 202 S CENTRAL AVE  
City-St-Zip: FLAGLER BEACH, FL 32136

I hereby 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 all other like empowered.

SIGNATURE: DOUG BAXTER

PRES

04/28/2011

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

\_\_\_\_\_  
Date