2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49036

FILED Jan 03, 2006 Secretary of State

Entity Name: THE PENSACOLA BAY AREA CHAMBER OF COMMERCE, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 550 117 W GARDEN STREET PENSACOLA, FL 32593 US PENSACOLA, FL 32502 US

Current Mailing Address: New Mailing Address:

P.O. BOX 550 P.O. BOX 550

PENSACOLA, FL 32593 US PENSACOLA, FL 32591 US

FEI Number: 59-0190330 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ROBERT, HART
125 W ROMANO ST, SUITE 800
RITCHIE, BUZZ
40 N PALAFOX ST

PENSACOLA, FL 32591 US PENSACOLA, FL 32502 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: BUZZ RITHCHIE 01/03/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: CD () Delete Title: CD (X) Change () Addition

 Name:
 HART, ROBERT
 Name:
 RITCHIE, BUZZ

 Address:
 125 W ROMANO ST, SUITE 800
 Address:
 40 N PALAFOX ST

 City-St-Zip:
 PENSACOLA, FL 32591
 City-St-Zip:
 PENSACOLA, FL 32502

Title: CED () Delete Title: CED (X) Change () Addition

 Name:
 RITCHIE, BUZZ
 Name:
 O'SULLIVAN, MORT

 Address:
 P.O. BOX 12870
 Address:
 316 S BAYLEN ST

 City-St-Zip:
 PENSACOLA, FL 32591
 City-St-Zip:
 PENSACOLA, FL 32502

Title: TD () Delete Title: () Change () Addition

 Name:
 BAKER, DICK
 Name:

 Address:
 P.O. BOX 12358
 Address:

 City-St-Zip:
 PENSACOLA, FL 32582
 City-St-Zip:

Title: PCED () Delete Title: () Change () Addition

 Name:
 EMERSON, EVON
 Name:

 Address:
 117 W GARDEN STREET
 Address:

 City-St-Zip:
 PENSACOLA, FL 32501
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: EVON EMERSON PCED 01/03/2006