

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50519

FILED  
Jan 11, 2008  
Secretary of State

**Entity Name:** GULF COUNTY CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

155 CAPT. FRED'S PLACE  
PORT ST. JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 964  
PORT ST. JOE, FL 32457

**New Mailing Address:**

**FEI Number:** 59-0772742

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHAFIN, SANDRA B  
107 SUNSET CIRCLE  
PORT SAINT JOE, FL 32456 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: PRES ( ) Delete  
Name: NORTON, JIM  
Address: 505 MONUMENT AVE.  
City-St-Zip: PORT ST. JOE, FL 32456

Title: VPD ( ) Delete  
Name: ANDY, SMITH  
Address: 221 REID AVE.  
City-St-Zip: PORT ST. JOE, FL 32456

Title: SEC. ( ) Delete  
Name: BLAYLOCK, PATTI  
Address: 602 MONUMENT AVE.  
City-St-Zip: PORT ST. JOE, FL

Title: TRES ( ) Delete  
Name: NIX, CHARLES  
Address: 202 MARINA DRIVE  
City-St-Zip: PORT. ST. JOE, FL 32456

Title: EXED ( ) Delete  
Name: CHAFIN, SANDRA  
Address: 107 SUNSET CR  
City-St-Zip: PORT ST. JOE, FL 32456

Title: D ( ) Delete  
Name: DILORENZO, JOE  
Address: P.O. BOX 994  
City-St-Zip: PORT SAINT JOE, FL 32457

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: ROBERSON, RALPH  
Address: 214 7TH STREET  
City-St-Zip: PORT ST. JOE, FL 32456

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SEC. (X) Change ( ) Addition  
Name: COSTIN, LORETTA  
Address: 1000 CECIL G. COSTIN BLVD.  
City-St-Zip: PORT ST. JOE, FL 32456

Title: TRES (X) Change ( ) Addition  
Name: HAMMOND, MICHAEL  
Address: 324 MARINA DRIVE  
City-St-Zip: PORT. ST. JOE, FL 32456

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: GIBSON, TOM  
Address: 116 SAILOR'S COVE ROAD  
City-St-Zip: PORT SAINT JOE, FL 32456

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: SANDRA B. CHAFIN

EXED

01/11/2008

Electronic Signature of Signing Officer or Director

Date