

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50519

FILED
Mar 09, 2009
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:

101 REID AVENUE
SUITE 101
PORT ST. JOE, FL 32456

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: ROBERSON, RALPH
Address: 214 7TH STREET
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: COSTIN, LORETTA
Address: 1000 CECIL G. COSTIN BLVD.
City-St-Zip: PORT ST. JOE, FL 32456

Title: TRES () Delete
Name: HAMMOND, MICHAEL
Address: 324 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: GIBSON, TOM
Address: 116 SAILOR'S COVE ROAD
City-St-Zip: PORT SAINT JOE, FL 32456

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: JEREMY, NOVAK
Address: 209 7TH STREET
City-St-Zip: PORT ST. JOE, FL 32456

Title: TRES (X) Change () Addition
Name: FARRELL, MELISSA
Address: 101 GOOD MORNING STREET
City-St-Zip: PORT ST. JOE, FL 32456

Title: SEC. (X) Change () Addition
Name: RAFFIELD, RANDY
Address: 341 PLANTATION DRIVE
City-St-Zip: PORT. ST. JOE, FL 32456

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

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: SANDRA B. CHAFIN

EXED

03/09/2009

Electronic Signature of Signing Officer or Director

Date