2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2010
Secretary of State

DOCUMENT# N50519

Entity Name: GULF COUNTY CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

101 REID AVENUE
SUITE 101
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
Name: ROBERSON, RALPH
Address: 214 7TH STREET
City-St-Zip: PORT ST. JOE, FL 32456

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

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

Title: SEC.
Name: RAFFIELD, RANDY
Address: 341 PLANTATION DRIVE
City-St-Zip: PORT. ST. J0E, FL 32456

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

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

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: SANDRA B. CHAFIN EXED 01/15/2010

Electronic Signature of Signing Officer or Director — Date