## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 26, 2006 8:00 am Secretary of State 04-26-2006 90227 037 \*\*\*\*70.00

DOCUMENT # N9500001721  1. Entity Name JAY AREA CHAMBER OF COMMERCE, INC.					04-20-2	000 90227	951	70.00
Principal Place 3425 HWY. A JAY, FL 325	•	Mailing Address P O BOX 364 JAY, FL 32565				50	016	888
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01102006	Chg-NP	CR2E037	(11/05)	
City & State		City & State		4. FEI Num 59-33	09943		<del> </del>	oplied For ot Applicable
: Zip	Country	Zip	Country	5. Certificat	e of Status Desired		B.75 Add e Require	
	6. Name and Address of Current	Registered Agent		7. Name an	d Address of New	Registered Ag	ent	
WHITE D	AVID G		Name					
WHITE, DAVID G 210 CHURCH ST PENSACOLA, FL 32594			Street Address		(P.O. Box Number is Not Acceptable)			
			City			FL	Zip Cod	e
8. The above the obligat	named entity submits this statement for tions of registered agent.	r the purpose of changing its re	egistered office or r	registered agent, or b	oth, in the State of I		niliar with,	and accept
SIGNATURE								
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signature	required when reinstating)		DATE	<u>-</u>	
	Signature, lyped or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2006	and title if applicable. (NOTE: F  9. Election Camp  Trust Fund Col	paign Financing	\$5.00 May Added to Fee		DATE Make check p orida Departm		
10.	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Added to Fee	s Fie	Make check p orida Departm	ent of St	tate
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	paign Financing Intribution.	\$5.00 May Added to Fee ADDITIONS/CI Presiden MIKE OI 141 Sigla	HANGES TO OFFICE	Make check p orida Departm CERS AND DIRE	ent of St	tate
10. ITILE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DIE P JOHNSON, ED 40698 HARRISON AVE	9. Election Camp Trust Fund Co	paign Financing Intribution.  11.  TITLE NAME STREET ADDRESS	\$5.00 May Added to Fee ADDITIONS/CIENTES IDENTITY ADDITIONS/CIENTES IDENTIT	HANGES TO OFFICE  THE STATE OF	Make check porida Departm CERS AND DIRECTOR DISCOURSE DEPARTMENT OF THE PROPERTY OF THE PROPER	ent of SI	tate
10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DIE P JOHNSON, ED 40698 HARRISON AVE JAY, FL 32565 VP RANEY, SHIRLEY 5050 DOGWOOD LN	9. Election Camp Trust Fund Col RECTORS	paign Financing ntribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Added to Fee ADDITIONS/CO Presiden MIKE OI 141 Sigla McDavid Vice-Pres Mike Hu 5712 Tar Pace Fin Secretary Shivley I	HANGES TO OFFICE  THE AMORE TO OFFICE  THE AMORE TO THE A	Make check porida Departm CERS AND DIRECTOR  DESCRIPTION	CTORS IN	tarte
10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DIE P JOHNSON, ED 40698 HARRISON AVE JAY, FL 32565 VP RANEY, SHIRLEY 5050 DOGWOOD LN JAY, FL 32565 T DIGMON, MIKE 141 SIGLAR RD	9. Election Camp Trust Fund Co	Daign Financing Intribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Added to Fee ADDITIONS/CO Presiden MIKE OI 141 Sigla McDavia Vice-Pres MIKE HU 5712 Tar Pace Ei Secretar Shivley FC 5050 Door Tay FC	HANGES TO OFFICE  THE SET SET SET SET SET SET SET SET SET SE	Make check porida Departm CERS AND DIRECTOR OF THE CONTROL OF THE	CTORS IN Change	tate  10 Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAND OFFICENCY DIRECTOR