


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90018 045 ****61.25

DOCUMENT # N95000004165 1. Entity Name SUWANNEE RIVER CHAMBER OF COMMERCE, INCORPORATED					
Principal Place of Business HWY 349 S SUWANNEE FL 32692 US			Mailing Address PO BOX 373 SUWANNEE FL 32692 US		
2. Principal Place of Business <i>Same</i>		3. Mailing Address <i>Same</i>			
Suite, Apt. # <i>Same</i>		Suite, Apt. # <i>Same</i>			
City & State <i>Same</i>		City & State <i>Same</i>			
Zip <i>Same</i>		Country <i>Same</i>		4. FEI Number 59-3352384	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, WILLIAM R SR. PO BOX 333 STEWART DRIVE SUWANNEE FL 32692			7. Name and Address of New Registered Agent Name Carol West Street Address (P.O. Box Number is Not Acceptable) Holly Street PO Box 332 City Suwannee FL Zip Code 32692		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Carol West</i></u> DATE <u><i>1-30-06</i></u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIGHTWELL, EVERLY P O BOX LEON DRIVE SUWANNEE FL 32692 <input type="checkbox"/> Delete <i>O.K.</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Carol West PO Box 332 Suwannee, FL 32692 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAROL WEST PO BOX 332 222 SE 240TH ST SUWANNEE FL 32692 <input checked="" type="checkbox"/> Delete <i>Delete</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Ruby Grey PO Box 212 - Suwannee, FL 32692 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President BROOKS, JAMES P PO BOX 444 DIXIE DRIVE SUWANNEE FL 32692 <input type="checkbox"/> Delete <i>change</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLT, YVONNE P.O. BOX 156 GRINER'S IS. DRIVE SUWANNEE FL 32692 <input type="checkbox"/> Delete <i>O.K.</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President HARMON, CHRIS PO BOX 55 SUWANNEE FL 32692 <input checked="" type="checkbox"/> Delete <i>change</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOBERLEIN, SUE HEATH AVENUE SUWANNEE FL 32692 <input checked="" type="checkbox"/> Delete <i>Delete</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Yvonne Holt - Yvonne Holt, Treasurer* *1-30-06* *352-542-9037*