

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90050 026 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	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 WEST, CAROL HOLLY ST POB 332 SUWANNEE, FL 32692			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 D	BRIGHTWELL, EVERLY <input type="checkbox"/> Delete		TITLE President	Billy Miller <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME P O BOX	LEON DRIVE		NAME PO Box 64	Suwannee, FL 32692	
STREET ADDRESS SUWANNEE, FL 32692			STREET ADDRESS 		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE S	GREY, RUBY <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME POB 212	SUWANNEE, FJ 32692		NAME		
STREET ADDRESS SUWANNEE, FJ 32692			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE VP	BROOKS, JAMES P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME PO BOX 444 DIXIE DRIVE	SUWANNEE, FL 32692		NAME		
STREET ADDRESS SUWANNEE, FL 32692			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE T	HOLT, YVONNE <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME P.O. BOX 156 GRINER'S IS. DRIVE	SUWANNEE, FL 32692		NAME		
STREET ADDRESS SUWANNEE, FL 32692			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE P	HARMON, CHRIS <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME PO BOX 55	SUWANNEE, FL 32692		NAME		
STREET ADDRESS SUWANNEE, FL 32692			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Yvonne Holt - Treasurer</u>			1-9-07		352-542-9037
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>