

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004165

FILED
Apr 23, 2008
Secretary of State

Entity Name: SUWANNEE RIVER CHAMBER OF COMMERCE, INCORPORATED

Current Principal Place of Business:

HWY 349 S
SUWANNEE, FL 32692 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 373
SUWANNEE, FL 32692 US

New Mailing Address:

FEI Number: 59-3352384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEST, CAROL
HOLLY ST
POB 332
SUWANNEE, FL 32692 US

Name and Address of New Registered Agent:

MCCALLISTER, RUSSELL
138 N. GULF DR.
SUWANNEE, FL 32692 US

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: RUSSELL MCCALLISTER

04/23/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRIGHTWELL, EVERLY
Address: P O BOX LEON DRIVE
City-St-Zip: SUWANNEE, FL 32692

Title: S () Delete
Name: GREY, RUBY
Address: POB 212
City-St-Zip: SUWANNEE, FJ 32692

Title: VP () Delete
Name: BROOKS, JAMES P
Address: PO BOX 444 DIXIE DRIVE
City-St-Zip: SUWANNEE, FL 32692

Title: T () Delete
Name: HOLT, YVONNE
Address: P.O. BOX 156 GRINER'S IS. DRIVE
City-St-Zip: SUWANNEE, FL 32692

Title: P () Delete
Name: MILLER, BILLY
Address: PO BOX 64
City-St-Zip: SUWANNEE, FL 32692

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S/T (X) Change () Addition
Name: MCCALLISTER, RUSSELL
Address: POB 304 N. GULF DR.
City-St-Zip: SUWANNEE, FL 32692

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

Title: D (X) Change () Addition
Name: HARMON, LEROY
Address: P.O. BOX 74
City-St-Zip: SUWANNEE, FL 32692

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

Title: D () Change (X) Addition
Name: MARTIN, LARRY
Address: PO BOX 345
City-St-Zip: SUWANNEE, FL 32692

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: RUSSELL MCCALLISTER

S/T

04/23/2008

Electronic Signature of Signing Officer or Director

Date