

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005951

FILED
Feb 20, 2007
Secretary of State

Entity Name: FOUNDATION OF GREATER FORT WALTON BEACH CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

34 SE MIRACLE STRIP PARKWAY
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

34 SE MIRACLE STRIP PARKWAY
FORT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 59-3414046

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHESSER, D M ESQ
1201 NORTH EGLIN PARKWAY
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

THEODORE, CORCORAN
317 SPANISH MOSS TRAIL
DESTIN, FL 32541 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: THEODORE CORCORAN

02/20/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOHNSON, JAMES M III
Address: PO BOX 2769
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: D () Delete
Name: GIBSON, AGGIE
Address: 3 NE RACETRACK ROAD
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D () Delete
Name: WILSON, CALVIN
Address: 140 HOLLYWOOD BLVD SW
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: T () Delete
Name: CARMICHAEL, GAYLE
Address: 29 N. EGLIN PARKWAY
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D (X) Delete
Name: KEITH, JOHN
Address: 2 EGLIN PARKWAY
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D (X) Delete
Name: MARSHALL, BRUCE
Address: 11 RACETRACK ROAD SUITE E-3
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: GIBSON, AGGIE
Address: 3 NE RACETRACK ROAD
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: V (X) Change () Addition
Name: MICELI, PHILIPPE
Address: 799 E. JOHN SIMS PARKWAY
City-St-Zip: NICEVILLE, FL 32578

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES M. JOHNSON, III

P

02/20/2007

Electronic Signature of Signing Officer or Director

Date