


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

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90424 002 ****70.00

DOCUMENT # N97000006594 1. Entity Name THE GREATER WEST VOLUSIA CHAMBER OF COMMERCE INCORPORATED					
Principal Place of Business 520 NORTH VOLUSIA AVE ORANGE CITY FL 32763-4802			Mailing Address 520 NORTH VOLUSIA AVE ORANGE CITY FL 32763-4802		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3515883	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NORTHEY, PATRICIA 520 NORTH VOLUSIA AVE. ORANGE CITY FL 32763-4802				Name <u>Linda S. White</u> Street Address (P.O. Box Number is Not Acceptable) <u>520 North Volusia Avenue</u> City <u>Orange City</u> <u>FL</u> Zip Code <u>32763-4802</u>	
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>Linda S. White</u>		Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating) <u>Linda S. White</u> <u>04-11-06</u> DATE	
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	VCD BRIDGEMAN, DAVID P.O. BOX 741660 ORANGE CITY FL 32774-1660		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VCD MATOUSEK, CHARLES 231 N WOODLAND B LVD DELAND FL 32720		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TSD BEVIS, ROBERT P.O. BOX 6001 DELAND FL 32723-6001		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>1542 S. Montgomery St.</u> <u>Deland, FL 32720</u>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CD RITCHEY, JEFF 1859 PROVIDENCE BLVD DELTONA FL 32725		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>D</u>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CEO HANDY-PETERS, LITA 116 TREEMONTE DR ORANGE CITY FL 32763		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>CD</u>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>VC</u> <u>Joe Rudolph</u> <u>101 North Lake Dr.</u> <u>Orange City, FL 32763</u>	
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: <u>Robert A. Bevis</u> <u>Secretary/Treas</u> <u>Robert A. Bevis</u> <u>4/11/06</u> <u>321 543-9993</u>					