

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90032 030 ****61.25

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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



01162007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3515883

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITE, LINDA S
520 NORTH VOLUSIA AVE
ORANGE CITY, FL 32763

**DO NOT WRITE
IN THIS SPACE**

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

Linda S. White

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/1/2007

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VCA
NAME BRIDGEMAN, DAVID
STREET ADDRESS P.O. BOX 741660
CITY-ST-ZIP ORANGE CITY, FL 327741660

TITLE VCD
NAME MATOUSEK, CHARLES
STREET ADDRESS 231 N WOODLAND B LVD
CITY-ST-ZIP DELAND, FL 32720

TITLE TSD
NAME BEVIS, ROBERT
STREET ADDRESS 1542 S MONTGOMERY ST
CITY-ST-ZIP DELAND, FL 32720
*McLaughlin Timothy
241 Adelaide Street
DeBary, FL 32713*

TITLE ~~VCD~~
NAME RITCHEY, JEFF
STREET ADDRESS 1859 PROVIDENCE BLVD
CITY-ST-ZIP DELTONA, FL 32725

TITLE ~~VCD~~
NAME HANDY-PETERS, LITA
STREET ADDRESS 176 TREEMONTES DR
CITY-ST-ZIP ORANGE CITY, FL 32763
*219 Bunker Court
DeBary, FL 32713*

TITLE ~~CD~~
NAME RUDOLPH, JOE
STREET ADDRESS 101 NORTH LAKE DR
CITY-ST-ZIP ORANGE CITY, FL 32763

**DO NOT WRITE
IN THIS SPACE**

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:

Tim M. Laughlin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/07

DATE

Daytime Phone #