


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90019 017 ****61.25

| | | |
|---|--|---|
| DOCUMENT # N99000004307 | |  |
| 1. Entity Name THE NICEVILLE-VALPARAISO-BAY AREA CHAMBER OF COMMERCE FOUNDATION, INC. | | |

60024034

| | |
|---|---|
| Principal Place of Business 1055 E. JOHN SIMS PARKWAY NICEVILLE, FL 32578 | Mailing Address 1055 E. JOHN SIMS PARKWAY NICEVILLE, FL 32578 |
|---|---|



| | | | |
|--|---------|---------------------|---------|
| 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 |

01092008 Chg-NP CR2E037 (12/06)

| | |
|-----------------------------|--|
| 4. FEI Number 31-1665996 | Applied For <input type="checkbox"/> Not Applicable |
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|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| | |
|--|--|
| 6. Name and Address of Current Registered Agent | |
| MCINNIS, JEFFREY C 909 MAR WALT DR., STE 1014 FORT WALTON BEACH, FL 32547-6711 | |

| | |
|--|----------|
| 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 | DATE |
|-----------|------|

| | | | |
|---|--|---------------------------------------|--|
| Filing Fee is \$61.25 Due by May 1, 2008 | 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 | |
|----------------------------|--|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | WONSICK, KIM |
| STREET ADDRESS | 1117 E. JOHN SIMS PKWY |
| CITY-STATE-ZIP | NICEVILLE, FL 32578 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | KELLEY, CHUCK |
| STREET ADDRESS | 1021-E EAST JOHN SIMS PKWY |
| CITY-STATE-ZIP | NICEVILLE, FL 32578 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | JACKSON, SCOTT |
| STREET ADDRESS | 140 HOLLYWOOD BLVD. SW |
| CITY-STATE-ZIP | FORT WALTON BEACH, FL 32548 |
| TITLE | D <input checked="" type="checkbox"/> Delete |
| NAME | BAILEY, KENNETH |
| STREET ADDRESS | 23 S. JOHN SIMS PKWY |
| CITY-STATE-ZIP | VALPARAISO, FL 32580 |
| TITLE | S <input type="checkbox"/> Delete |
| NAME | BRUNSON, TRICIA |
| STREET ADDRESS | 1055 E. JOHN SIMS PKWY |
| CITY-STATE-ZIP | NICEVILLE, FL 32578 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | HALL, GARY |
| STREET ADDRESS | 908 S. PALM BLVD. |
| CITY-STATE-ZIP | NICEVILLE, FL 32578 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-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.

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|--|----------------|---------|----------------|
| SIGNATURE:  | TRICIA BRUNSON | 4-14-08 | (850) 678-2323 |
|--|----------------|---------|----------------|