2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State
03-31-2003 90299 043 ****61.25

DOCUMENT # N99000004307

1. Entity Name

THE NICEVILLE-VALPARAISO-BAY AREA CHAMBER OF COM MERCE FOUNDATION, INC.

Principal Place of Business	Mailing Address
170 N. JOHN SIMS PARKWAY VALPARAISO FL 32580	170 N. JOHN SIMS PARKWAY VALPARAISO FL 32580

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1055 E. John Sims Parkway	1055 E. John Sims Parkway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Niceville FL	City & State: Niceville FL
Zip: 32578 Country:	Zip: 32578 Country:

4. FEI Number 31-1665996 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCINNIS, C. JEFFREY 909 MAR WALT DR., STE 1014 FORT WALTON BEACH FL 32547-6711	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: Tricia Brunson TRICIA BRUNSON 3-21-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D FREEMAN, YVONNE 2190 HWY 85 NORTH NICEVILLE FL 32578	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KELLEY, LORI 4400 E. HWY 20, STE 308 NICEVILLE FL 32578	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RILEY, JUDY B POST OFFICE BOX 8 VALPARAISO FL 32580	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUCKEL, C. WALTER POST OFFICE BOX 187 VALPARAISO FL 32580	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Campbell, Wayne 1000 Mar Walt Drive Ft Walton Beach, FL 32547 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BRUNSON, TRICIA 170 JOHN SIMS PKWY VALPARAISO FL 32580	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Tricia Brunson TRICIA BRUNSON 3-21-03 (850) 678-2323