

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769406

FILED
Jan 12, 2014
Secretary of State
CC1460010309

Entity Name: CEDAR KEY AREA CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

450 2ND STREET
CEDAR KEY, FL 32625

Current Mailing Address:

P.O. BOX 610
CEDAR KEY, FL 32625 US

FEI Number: 59-2385849

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HECKLER, BILL
409 1ST STREET
CEDAR KEY, FL 32625 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: BILL HECKLER

01/12/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name WILSON, BRUCE
Address P.O. BOX 150
City-State-Zip: CEDAR KEY FL 32625

Title PRESIDENT
Name HECKLER, BILL
Address 409 1ST STREET
City-State-Zip: CEDAR KEY FL 32625

Title VP
Name GEORGE, OAKLEY
Address P.O. BOX 482
City-State-Zip: CEDAR KEY FL 32625

Title SECRETARY
Name STEPHENSON, CARYN
Address 598 2ND STREET
City-State-Zip: CEDAR KEY FL 32625

Title TREASURER
Name LAGRON, DEBI
Address 390 2ND STREET
City-State-Zip: CEDAR KEY FL 32625

Title DIRECTOR
Name O'DELL, CONNIE
Address PO BOX 341
City-State-Zip: CEDAR KEY FL 32625

Title DIRECTOR
Name SMITH, DANIEL
Address 10831 SW 66TH PLACE
City-State-Zip: CEDAR KEY FL 32625

I hereby 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 all other like empowered.

SIGNATURE: BILL HECKLER

PRESIDENT

01/12/2014

Electronic Signature of Signing Officer/Director Detail

Date