

**2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 769406

**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

10/30/2014

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 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

10/30/2014

Electronic Signature of Signing Officer/Director Detail

Date