

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769406

FILED
Apr 08, 2013
Secretary of State
CC0257193298

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

Current Principal Place of Business:

490 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:

WILSON, BRUCE
11850 SR 24
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: BRUCE WILSON

04/08/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name DENNISON, ANDREA
Address P.O. BOX 119
City-State-Zip: CEDAR KEY FL 32625

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

Title S/T
Name MANNING, JON
Address P.O. BOX 922
City-State-Zip: CEDAR KEY FL 32625

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

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

Title VP
Name PETER, STEFANI
Address P.O. BOX 716
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: BRUCE WILSON

PRESIDENT

04/08/2013

Electronic Signature of Signing Officer/Director Detail

Date