

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10322

Entity Name: WILLISTON AREA CHAMBER OF COMMERCE, INC.**Current Principal Place of Business:**50 NW MAIN ST.
WILLISTON, FL 32696**Current Mailing Address:**P O BOX 369
WILLISTON, FL 32696 US**FEI Number:** 59-2570520**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**TEN BROECK, CAROLYN
50 NW MAIN ST.
WILLISTON, FL 32696 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:** CAROLYN TEN BROECK

03/11/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name HARTLEY, MARY MARTHA
Address 342 EAST NOBLE AVE.
City-State-Zip: WILLISTON FL 32696

Title DIRECTOR
Name POMPEO, MARC
Address 147 N MAIN ST.
City-State-Zip: WILLISTON FL 32696

Title DIRECTOR
Name QUINATA, STEVE
Address 21 N MAIN ST.
City-State-Zip: WILLISTON FL 32696

Title ST
Name ROHRER, LEEANNE
Address 248 NW MAIN ST
City-State-Zip: WILLISTON FL 32696

Title VP
Name LANGSTON, MICHAEL L.
Address 37 S MAIN ST
City-State-Zip: WILLISTON FL 32696

Title PRESIDENT
Name RICHARDSON, KURT
Address 144 E NOBLE AVE.
City-State-Zip: WILLISTON FL 32696

Title DIRECTOR
Name WRIGHT, LATRICIA
Address 50 NW MAIN ST.
City-State-Zip: WILLISTON FL 32696

Title DIRECTOR
Name LARKINS, ANN
Address 308 NW MAIN ST.
City-State-Zip: WILLISTON FL 32696

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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: KURT RICHARDSON

PRESIDENT

03/11/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	HARS, KELLY
Address	439 1ST ST.
City-State-Zip:	WILLISTON FL 32686