

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004307

Entity Name: THE NICEVILLE-VALPARAISO-BAY AREA CHAMBER OF COMMERCE FOUNDATION, INC.**Current Principal Place of Business:**1055 E. JOHN SIMS PARKWAY
NICEVILLE, FL 32578**Current Mailing Address:**1055 E. JOHN SIMS PARKWAY
NICEVILLE, FL 32578**FEI Number: 31-1665996****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MCINNIS, JEFFREY C
909 MAR WALT DR., STE 1014
FORT WALTON BEACH, FL 32547-6711 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	HAUGEN, BRIAN
Address	543 HARBOR BLVD STE 501
City-State-Zip:	DESTIN FL 32541

Title	D
Name	SCOTT, JACKSON
Address	1057 JOHN SIMS PARKWAY
City-State-Zip:	NICEVILLE FL 32578

Title	S
Name	BRUNSON, TRICIA
Address	1055 E. JOHN SIMS PKWY
City-State-Zip:	NICEVILLE FL 32578

Title	DIRECTOR
Name	JONES, MICHAEL
Address	PO BOX 947
City-State-Zip:	NICEVILLE FL 32588

Title	DIRECTOR
Name	SCHUTT, BARRY STEVEN
Address	1054 EAST JOHN SIMS PARKWAY
City-State-Zip:	NICEVILLE FL 32578

Title	DIRECTOR
Name	PARSONS, TIMOTHY
Address	912 SOUTH PALM BLVD.
City-State-Zip:	NICEVILLE FL 32578

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: TRICIA BRUNSON**PRESIDENT & CEO****02/19/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date