

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000005254

**FILED**  
**Mar 05, 2013**  
**Secretary of State**  
**CC1607593438**

**Entity Name:** PACE AREA CHAMBER OF COMMERCE FOUNDATION, INC.

**Current Principal Place of Business:**

4344 HWY 90  
PACE, FL 32571

**Current Mailing Address:**

4344 HWY 90  
PACE, FL 32571 US

**FEI Number: 59-3686600**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

QUALLS, NICKI  
4344 HWY 90  
PACE, FL 32571 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 P/D  
Name LABBIE, JAMES  
Address 3763 HWY 90  
City-State-Zip: PACE FL 32571

Title PED  
Name MORRIS, VERTEEN  
Address 8383 NORTH DAVIS HIGHWAY  
City-State-Zip: PENSACOLA FL 32514

Title D/T  
Name SHOFNER, JOE  
Address 5369 CHUMUCKLA HWY  
City-State-Zip: PACE FL 32571

Title D/S  
Name CAMERON, MAE  
Address 5454 SOUTH LAKE DR.  
City-State-Zip: PACE FL 32571

*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: JAMES LABBIE**

**03/05/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date