Entity Name: PACE AREA CHAMBER OF COMMERCE FOUNDATION, INC.			INC. S	ecretary of State 8849063828CC
	ncipal Place of Business:			
4344 HWY 90	74			
PACE, FL 325	71			
Current Mai	ling Address:			
4344 HWY 9	0			
PACE, FL 3	32571 US			
FEI Number: 59-3686600		Certificate of Status Desired: No		
Name and Address of Current Registered Agent:				
QUALLS, NICK 4344 HWY 90 PACE, FL 3257				
The above name				
The above hamed	I entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in t	he State of Florida.
	d entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in t	he State of Florida. 01/13/2021
		stered office or regis	tered agent, or both, in t	
	Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in t	01/13/2021
SIGNATURE	Electronic Signature of Registered Agent	ttered office or regis	PED	01/13/2021
SIGNATURE Officer/Dire	E: QUALLS, NICKI Electronic Signature of Registered Agent			01/13/2021
SIGNATURE Officer/Dire	E QUALLS, NICKI Electronic Signature of Registered Agent Ctor Detail : P/D	Title	PED	01/13/2021
SIGNATURE Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : P/D QUALLS, NICKI	Title Name Address	PED WORK, GAY	01/13/2021
SIGNATURE Officer/Dire Title Name Address	E QUALLS, NICKI Electronic Signature of Registered Agent Ctor Detail : P/D QUALLS, NICKI 4344 HWY 90	Title Name Address	PED WORK, GAY 4344 HWY 90	01/13/2021
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	E QUALLS, NICKI Electronic Signature of Registered Agent Ctor Detail : P/D QUALLS, NICKI 4344 HWY 90 PACE FL 32571	Title Name Address	PED WORK, GAY 4344 HWY 90	01/13/2021
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	E QUALLS, NICKI Electronic Signature of Registered Agent Ctor Detail : P/D QUALLS, NICKI 4344 HWY 90 PACE FL 32571 D/S	Title Name Address	PED WORK, GAY 4344 HWY 90	01/13/2021
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title Name	E QUALLS, NICKI Electronic Signature of Registered Agent Ctor Detail : P/D QUALLS, NICKI 4344 HWY 90 PACE FL 32571 D/S CAMERON, MAE 5454 SOUTH LAKE DR.	Title Name Address	PED WORK, GAY 4344 HWY 90	01/13/2021

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.

PD

SIGNATURE: NICKI QUALLS

Electronic Signature of Signing Officer/Director Detail

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000005254

01/13/2021

FILED Jan 13, 2021

Secretary of State