

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-13-2003 90109 035 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N00000005254

1. Entity Name
PACE AREA CHAMBER OF COMMERCE FOUNDATION, INC.



Principal Place of Business Mailing Address

3895 HWY 90 **3895 HWY 90**
PACE FL 32571 **PACE FL 32571**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3686600** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STEWART, TOM
3895 HWY 90
PACE FL 32571

7. Name and Address of New Registered Agent

Name
Tom Nichols

Street Address (P.O. Box Number is Not Acceptable)
7200 Chumuckla Hwy

City State Zip Code
Pace, FL 32571

B. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Tom Nichols, President** **01/09/03**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PC <input checked="" type="checkbox"/> Delete
NAME	LOWRIMORE, SCOTT
STREET ADDRESS	5970 WYNDI WAY
CITY-ST-ZIP	PACE FL 32571
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	STEWART, TOM
STREET ADDRESS	5826 CHAMPION DR.
CITY-ST-ZIP	PACE FL 32571
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	NICHOLS, TOM
STREET ADDRESS	4712 DEAN DR.
CITY-ST-ZIP	PACE FL 32571
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	DOTSON, TED
STREET ADDRESS	4650 BESSENGER LANE
CITY-ST-ZIP	PACE FL 32571
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	NORTHCUTT, FELICIA
STREET ADDRESS	5449 ROWE TRAIL
CITY-ST-ZIP	PACE FL 32571
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	CLOUTIER, RICHARD
STREET ADDRESS	4620 DEAN DR.
CITY-ST-ZIP	PACE FL 32571

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tom Nichols
STREET ADDRESS	7200 Chumuckla Hwy.
CITY-ST-ZIP	Pace, FL 32571
TITLE	President Elect D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mike Lewis
STREET ADDRESS	5120 Dogwood Dr.
CITY-ST-ZIP	Milton, FL 32570
TITLE	Vice President D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beth Siyufy
STREET ADDRESS	4351 Woodbine Rd.
CITY-ST-ZIP	Pace, FL 32571
TITLE	Treasurer D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jimmy Cross
STREET ADDRESS	4965 Hwy 90
CITY-ST-ZIP	Pace, FL 32571
TITLE	Secretary D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Hart
STREET ADDRESS	3620 Rolling Acres Rd.
CITY-ST-ZIP	Pace, FL 32571
TITLE	Past President D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tom Stewart
STREET ADDRESS	5626 Champion Rd.
CITY-ST-ZIP	Pace, FL 32571

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Tom Nichols, President** **01/09/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)