


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90132 050 \*\*\*\*61.25

**DOCUMENT # N00000005254**

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



Principal Place of Business 4344 HWY 90 PACE, FL 32571 US	Mailing Address 4344 HWY 90 PACE, FL 32571 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

**50006625**

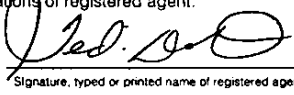


01032006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3686600	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b> SHOFNER, JOE 5369 CHUMUCKIA HWY PACE, FL 32571	<b>7. Name and Address of New Registered Agent</b> Name: Ted Dotson Street Address (P.O. Box Number is Not Acceptable): 4650 Bessinger Lane City: Pace, FL Zip Code: 32571
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8. 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:  **TED DOTSON** *PRESIDENT* DATE: **1/6/06**

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

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOFNER, JOE		NAME	Ted Dotson	
STREET ADDRESS	5369 CHUMUCKIA HWY		STREET ADDRESS	4650 Bessinger Lane	
CITY-ST-ZIP	PACE, FL 32571		CITY-ST-ZIP	Pace, Fl. 32571	
TITLE	DPE	<input checked="" type="checkbox"/> Delete	TITLE	PE/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOTSON, TED		NAME	Mark Locklin	
STREET ADDRESS	4401 WOODBINE RD		STREET ADDRESS	6843 Mayberry Lane	
CITY-ST-ZIP	PACE, FL 32571		CITY-ST-ZIP	Milton, FL. 32570	
TITLE	VP/D	<input checked="" type="checkbox"/> Delete	TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACKLIN, MARK		NAME	Jim Waite	
STREET ADDRESS	5664 DUPREE RD		STREET ADDRESS	6140 Arnie's Way	
CITY-ST-ZIP	MILTON, FL 32570		CITY-ST-ZIP	Milton, FL. 32570	
TITLE	D/T	<input checked="" type="checkbox"/> Delete	TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, EDDIE		NAME	Eddie Smith	
STREET ADDRESS	3967 HWY 90		STREET ADDRESS	3105 Sonya St.	
CITY-ST-ZIP	PAGE, FL-32571		CITY-ST-ZIP	Pace, Fl. 32571	
TITLE	D/S	<input checked="" type="checkbox"/> Delete	TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMERON, MAE		NAME	Mae Cameron	
STREET ADDRESS	5091 HWY 90		STREET ADDRESS	3452 Oak Tree Lane	
CITY-ST-ZIP	PACE, FL 32571		CITY-ST-ZIP	Pace, Fl. 32571	
TITLE		<input checked="" type="checkbox"/> Delete	TITLE	PP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Joe Shofner	
STREET ADDRESS			STREET ADDRESS	5369 Chumuckla Hwy	
CITY-ST-ZIP			CITY-ST-ZIP	Pace, Fl. 32571	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **TED DOTSON** DATE: **1/6/06** DAYTIME PHONE #: **850-994-5129**

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