


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90044 025 ****61.25

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



Principal Place of Business Mailing Address
4344 HWY 90 **4344 HWY 90**
PACE, FL 32571 US **PACE, FL 32571 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

40019564



01042007 Chg-NP CR2E037 (12/06)

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

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

8. Name and Address of Current Registered Agent

DOTSON, TED
4650 BESSINGER LANE
PACE, FL 32571

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

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	PD	<input checked="" type="checkbox"/> Delete
NAME	DOTSON, TED	
STREET ADDRESS	4650 BESSINGER LANE	
CITY-ST-ZIP	PACE, FL 32571	
TITLE	PED	<input checked="" type="checkbox"/> Delete
NAME	LOCKLIN, MARK	
STREET ADDRESS	6843 MAYBERRY LANE	
CITY-ST-ZIP	MILTON, FL 32570	
TITLE	VP/D	<input checked="" type="checkbox"/> Delete
NAME	WAITE, JIM	
STREET ADDRESS	6140 ARNIE'S WAY	
CITY-ST-ZIP	MILTON, FL 32570	
TITLE	D/T	<input type="checkbox"/> Delete
NAME	SMITH, EDDIE	
STREET ADDRESS	3105 SONYA ST	
CITY-ST-ZIP	PACE, FL 32571	
TITLE	D/S	<input type="checkbox"/> Delete
NAME	CAMERON, MAE	
STREET ADDRESS	3452 OAK TREE LANE	
CITY-ST-ZIP	PACE, FL 32571	
TITLE	PPD	<input checked="" type="checkbox"/> Delete
NAME	SHORNER, JOE	
STREET ADDRESS	3452 OAK TREE LANE	
CITY-ST-ZIP	PACE, FL 32571	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOCKLIN, MARK	
STREET ADDRESS	9125 BYRON CAMPBELL RD	
CITY-ST-ZIP	PACE, FL 32571	
TITLE	PED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAITE, JIM	
STREET ADDRESS	6140 ARNIE'S WAY	
CITY-ST-ZIP	MILTON, FL 32570	
TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SABA, DANIEL	
STREET ADDRESS	4557 CHUMUCKIA HWY	
CITY-ST-ZIP	PACE, FL 32571	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOTSON, TED	
STREET ADDRESS	4650 BESSINGER LANE	
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: Lloyd Hinote Executive Director Date: 1-24-07 Daytime Phone #: 1-850-994-9633