

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90019 024 ****61.25

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



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



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

1st MOORE CR2E037 (10/07)

4. FEI Number Applied For
59-3562258 Not Applicable

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

6. Name and Address of Current Registered Agent

DOTSON, TED
4650 BESSINGER LN
PACE FL 32571

7. Name and Address of New Registered Agent

Name: **LLOYD HINOTE EXECUTIVE DIRECTOR**
 Street Address (P.O. Box Number is Not Acceptable):
4344 HWY 90
 City: **PACE** FL Zip Code: **32571**

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: *Lloyd Hinote* (**LLOYD HINOTE**) **2-15-08**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature not used when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	PPD	<input checked="" type="checkbox"/> Delete
NAME	DOTSON, TED	
STREET ADDRESS	4650 BESSINGER LN	
CITY-ST-ZIP	PACE FL 32571	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	LOCKLIN, MARK	
STREET ADDRESS	9125 BYROM COMPELL RD	
CITY-ST-ZIP	PACE FL 32571	
TITLE	RED	<input checked="" type="checkbox"/> Delete
NAME	WAITE, JIM	
STREET ADDRESS	6140 ARNIE'S WAY	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, EDDIE	
STREET ADDRESS	3105 SONYA ST	
CITY-ST-ZIP	PACE FL 32571	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CAMERON, MAE	
STREET ADDRESS	3452 OAK TREE LN	
CITY-ST-ZIP	PACE FL 32571	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SABA, DANIEL	
STREET ADDRESS	45457 CHUMUOKIA HWY	
CITY-ST-ZIP	PACE FL 32571	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT - DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIM WAITE	
STREET ADDRESS	6140 ARNIE'S WAY	
CITY-ST-ZIP	MILTON, FL 32570	
TITLE	PRESIDENT Elect - DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL SABA	
STREET ADDRESS	4557 CHUMUOKIA HWY	
CITY-ST-ZIP	PACE FL 32571	
TITLE	VICE-PRESIDENT - DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERTEN MORRIS	
STREET ADDRESS	8383 N. DAVIS HWY	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	TRES - DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROXANNE MEISS	
STREET ADDRESS	3615 HWY 90	
CITY-ST-ZIP	PACE FL 32571	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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* (**LLOYD HINOTE**) EXECUTIVE DIR. **2-15-08** **850-994-9633**