

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000567

FILED
Jan 09, 2009
Secretary of State

Entity Name: PACE AREA CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

4344 HWY 90
PACE, FL 32571

New Principal Place of Business:

Current Mailing Address:

4344 HWY 90
PACE, FL 32571

New Mailing Address:

FEI Number: 59-3562258

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KINOTE, LLOYD EXE. D
4344 HWY 90
PACE, FL 32571 US

Name and Address of New Registered Agent:

HINOTE, LLOYD EXE. D
4344 HWY 90
PACE, FL 32571 US

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.

SIGNATURE: LLOYD HINOTE

01/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WAITE, JIM
Address: 6140 ARNIES WAY
City-St-Zip: MILTON, FL 32570

Title: PED () Delete
Name: SABA, DANIEL
Address: 4557 CHUMBUALA HWY
City-St-Zip: MILTON, FL 32571

Title: VPD () Delete
Name: MORRIS, VERTEEN
Address: 8383 N DAVIS HWY
City-St-Zip: PENSACOLA, FL 32514

Title: TD () Delete
Name: MCISS, ROXANNE
Address: 3615 HWY 90
City-St-Zip: MILTON, FL 32571

Title: SD () Delete
Name: CAMERON, MAE
Address: 3452 OAK TREE LN
City-St-Zip: PACE, FL 32571

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SABA, DANIEL
Address: 4457 CHUMUCKLA HWY
City-St-Zip: PACE, FL 32571

Title: PED (X) Change () Addition
Name: FIELDS, RON
Address: 1495 E. NINE MILE RD
City-St-Zip: PENSACOLA, FL 32514

Title: VPD (X) Change () Addition
Name: SHUMAN, TIM
Address: 8801 GROW DR
City-St-Zip: PENSACOLA, FL 32514

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LLOYD HINOTE

PD

01/09/2009

Electronic Signature of Signing Officer or Director

Date