


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90768 010 \*\*\*\*61.25

DOCUMENT # N99000000567			
1. Entity Name PACE AREA CHAMBER OF COMMERCE, INC.			
Principal Place of Business 3895 HWY 90 PACE FL 32571		Mailing Address 3895 HWY 90 PACE FL 32571	
2. Principal Place of Business 4344 Hwy 90 Suite, Apt. #, etc.		3. Mailing Address 4344 Hwy 90 Suite, Apt. #, etc.	
City & State PACE, FL.		City & State PACE, FL.	
Zip 32571	Country SANTA ROSA	Zip 32571	Country SANTA ROSA
4. FEI Number 59-3562258		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NICHOLS, TOM 7200 CHUMUCKLA HWY PACE FL 32571		7. Name and Address of New Registered Agent Name MIKE LEWIS 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: <i>Mike W Lewis</i> DATE: 4/29/04 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLS, TOM 7200 CHUCUCKLA HWY PACE FL 32571 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-PRES. MIKE LEWIS 5120 DOGWOOD DR. MILTON, FL. 32570 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, MIKE 5120 DOGWOOD DR. MILTON FL 32570 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED PRESIDENT Elect BETH SIYUFY 4351 WOODBINE RD PACE, FL. 32571 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIYUFY, BETH 4351 WOODBINE RD. MILTON FL 32571 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRETT PRUETT 3874 C OAKUS DR. PACE, FL. 32571 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CROSS, JIMMY 4965 HWY 90 PACE FL 32571 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Tres. JOE SHOFNER 5269 CHUMUCKLA HWY PACE, FL. 32571 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HART, JAMES 3620 ROLLING ACRES RD. PACE FL 32571 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-Sec LIANNE PAPE 4811 HWY 90 PACE, FL. 32571 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, TOM 5625 CHAMPION RD. PACE FL 32571 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.P.D. past pres. Tom Nichols 7200 Chumuckla Hwy PACE, FL. 32571 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Mike W Lewis</i>		4/29/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	