


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90063 013 \*\*\*\*61.25

**DOCUMENT # N99000000567**

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



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

Mailing Address  
**4344 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 32571**

City & State  
**PACE, FL**

Zip  
**32571**

Country  
**SANTA ROSA**

Zip  
**32571**

Country  
**SANTA ROSA**



01052005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent  
**LEWIS, MIKE**  
**4344 HWY 90**  
**PACE, FL 32571**

4. FEI Number  
**59-3562258**

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent  
 Name  
**JOE SHOFNER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5369 CHUMUCKLA HWY**  
 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 *Joseph C. Smith* **2-16-05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2005**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEWIS, MIKE 5120 DOGWOOD DR MILTON, FL 32570 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-PRESIDENT JOE SHOFNER 5369 CHUMUCKLA HWY PACE, FL 32571 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED SIYUFY, BETH 4351 WOODBINE RD MILTON, FL 32571 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-PRES. ELECT TED DOTSON 4401 WOODBINE RD. PACE, FL 32571 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRUETT, BRETT 3874 C OAKUS DR MILTON, FL 32571 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-V.P. MARK LOCKLIN 5664 DUPRE RD. MILTON, FL 32570 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SHOFNER, JOE 3269 CHUMUCKLA KWAY PACE, FL 32571 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-TRES EDDIE SMITH 3967 HWY 90 PACE, FL 32571 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NICHOLS, TOM 7200 CHUMUCKLA HWY PACE, FL 32571 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>RE</del> D-SEC. MAE CAMERON 5091 HWY 90 PACE, FL 32571 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PAPE, LIANNE 4811 HWY 90 PACE, FL 32571 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: *Joseph C. Smith* **2-16-05**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #