## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Secretary of State DOCUMENT # N99000000567 03-29-2006 90132 049 \*\*\*\*61.25 PACÉ AREA CHAMBER OF COMMERCE, INC. Principal Place of Business Mailing Address *5*0006626 4344 HWY 90 4344 HWY 90 PACE, FL 32571 PACE, FL 32571 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number 59-3562258 Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHOFNER, JOE Γed Dotson Street Address (P.O. Box Number is Not Acceptable) 5369 CHUMVEKIA HWY 4650 Bessinger Lane PACE, FL 32571 Pace, F1. 32571 City Zip Code qed 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 TEO DOTSON SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Filing Fee is \$61.25 **\$5.00** May Be Make check payable to Due by May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11 DP TITLE Delete TITLE DP XIX Change ☐ Addition SHOFNER, JOE NAME NAME Ted Dotson STREET ADDRESS 5369 CHUMVEKIA HWY STREET ADDRESS 4650 Bessinger Lane CITY-ST-7IP PAE, FL 32571 CITY-ST-ZIP Pace, F1, 3<u>2571</u> PE/D TITLE Delete TITLE XIX Change Addition PE/D DOTSON, TED NAME NAME Mark Locklin STREET ADDRESS 4401 WOODBINE RD STREET ADDRESS 6843 Mayberry Lane F1 32570 Milton, PACE, FL 32571 CITY-ST-ZIP CITY-ST-7IP VP/D TITLE D/VP TITLE X X Change ☐ Addition Delete LOCKLIN, MARK Jim Waite NAME 6140 Arnie's Way 5664 DUPREE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MILTON, FL 32570 CITY-ST-ZIP Milton, Fl. 32570 TITLE Delete TITLE XIX Change ☐ Addition SMITH, EDDIE NAME NAME Eddie Smith 3967 HWY 90 STREET ADDRESS STREET ADDRESS 3105 Sonya St. CITY-ST-ZIP PACE, FL 32571 CITY-ST-ZIP Pace. F1. 32571 S/D XX Change D/S TITLE Delete TITLE ☐ Addition Mae Cameron 3452 Oak Tree Lane CAMERON, MAE NAME NAME 5091 HWY 90 STREET ADDRESS STREET ADDRESS Pace, F1. 32571 CITY-ST-ZIP PACE, FL 32571 CITY-ST-ZIP TITLE Delete TITLE PP/D XX Change ☐ Addition PAPE, LIANNE NAME Joe Shofner 5369 Chumuckla Hwy. NAME STREET ADDRESS 4811 HWY 90 STREET ADDRESS 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 emplemental 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.

FILED Mar 29, 2006 8:00 am