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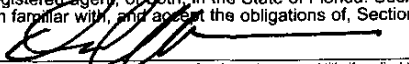
NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 767325					
1. Corporation Name GREATER CHIEFLAND AREA CHAMBER OF COMMERCE, INC.					
Principal Place of Business 15 N MAIN ST POB 1397 CHIEFLND FL 32644 US			Mailing Address 15 N MAIN ST POB 1397 CHIEFLND FL 32644 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 17 N. Main St.		26 17 N. Main St.		03/07/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2458568	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24 25		29 30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HALLMAN, DAVID 312 E PARK AVE CHIEFLND FL 32626				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE  David Hallman 1-26-99

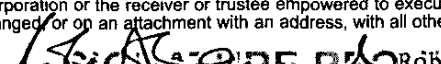
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE DS ☐ DELETE NAME RENAUD, DAVID STREET ADDRESS HIGHWAY 19N CITY-ST-ZIP CHIEFLND FL 32626				1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE D ☐ DELETE NAME BEAUCHAMP, ROBERT STREET ADDRESS 105 SE 1ST ST. CITY-ST-ZIP CHIEFLND FL				2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE D ☒ DELETE NAME STEPHANELLI, RANDY STREET ADDRESS E PARK AVE CITY-ST-ZIP CHIEFLND FL				3.1 TITLE ☒ Change ☐ Addition 3.2 NAME Ed Ricketson 3.3 STREET ADDRESS P.O. Box 9 (No. Hwy 19) 3.4 CITY-ST-ZIP Chiefland, FL 32644			
TITLE DT ☒ DELETE NAME PATERSON, BENNIT STREET ADDRESS HIGHWAY 19N CITY-ST-ZIP CHIEFLND FL 32626				4.1 TITLE ☒ Change ☐ Addition 4.2 NAME Emory Sullivan 4.3 STREET ADDRESS P.O. Box 69 (2227 North Young Blvd) 4.4 CITY-ST-ZIP Chiefland, FL 32644			
TITLE P ☒ DELETE NAME BARRETT, DONALD STREET ADDRESS NORTH U.S. HWY. 19 CITY-ST-ZIP CHIEFLND FL				5.1 TITLE ☒ Change ☐ Addition 5.2 NAME Rob Alexander 5.3 STREET ADDRESS P.O. Box 1910 (No. Hwy 19) 5.4 CITY-ST-ZIP Chiefland, FL 32644			
TITLE VP ☒ DELETE NAME RICKETSON, ED STREET ADDRESS 1124 N. YOUNG BLVD CITY-ST-ZIP CHIEFLND FL 32626				6.1 TITLE ☒ Change ☐ Addition 6.2 NAME Adam Henderson 6.3 STREET ADDRESS P.O. Box 1340 (13 E. Park Ave) 6.4 CITY-ST-ZIP Chiefland, FL 32644			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:  Rob Alexander, President 1/27/99

493-0447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)