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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	Mailing Address
15 N MAIN ST 17 N Main St POB 1397 CHIEFLND FL 32644 US	15 N MAIN ST 17 N Main St POB 1397 CHIEFLND FL 32644 US

2. Principal Place of Business 21 17 N. Main St.	2a. Mailing Address 26 17 N. Main St.	3. Date Incorporated or Qualifed 03/07/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2458568 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HALLMAN, DAVID
312 E PARK AVE
CHIEFLND FL 32626

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 [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	1.1 TITLE	☐ Change ☐ Addition
NAME	RENAUD, DAVID		1.2 NAME	
STREET ADDRESS	HIGHWAY 19N		1.3 STREET ADDRESS	
CITY-ST-ZIP	CHIEFLND FL 32626		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BEAUCHAMP, ROBERT		2.2 NAME	
STREET ADDRESS	105 SE 1ST ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	CHIEFLND FL		2.4 CITY-ST-ZIP	
TITLE	D	XX DELETE	3.1 TITLE	D ☐ Change XX Addition
NAME	STEPHANELLI, RANDY		3.2 NAME	Ed Ricketson
STREET ADDRESS	E PARK AVE		3.3 STREET ADDRESS	P.O. Box 9 (No. Hwy 19)
CITY-ST-ZIP	CHIEFLND FL		3.4. CITY-ST-ZIP	Chiefland, FL 32644
TITLE	DT	X ☐ DELETE	4.1 TITLE	DT XX Change ☐ Addition
NAME	PATERSON, BENNIT		4. 2 NAME	Emory Sullivan
STREET ADDRESS	HIGHWAY 19N		4.3 STREET ADDRESS	P.O. Box 69 (2227 North Young Blvd)
CITY-ST-ZIP	CHIEFLND FL 32626		4.4 CITY-ST-ZIP	Chiefland, FL 32644
TITLE	P	XX ☐ DELETE	5.1 TITLE	P ☐ Change ☐ Addition
NAME	BARRETT, DONALD		5.2 NAME	Rob Alexander
STREET ADDRESS	NORTH U.S. HWY. 19		5.3 STREET ADDRESS	P.O. Box 1910 (No. Hwy 19)
CITY-ST-ZIP	CHIEFLND FL		5.4 CITY-ST-ZIP	Chiefland, FL 32644
TITLE	VP	XX ☐ DELETE	6.1 TITLE	VP XX Change ☐ Addition
NAME	RICKETSON, ED		6.2 NAME	Adam Henderson
STREET ADDRESS	1124 N. YOUNG BLVD		6.3 STREET ADDRESS	P.O. Box 1340 (13 E. Park Ave)
CITY-ST-ZIP	CHIEFLND FL 32626		6.4 CITY-ST-ZIP	Chiefland, FL 32644

CR2E037 (11/98)

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: SIGNATURE REQUIRED Rob Alexander, President 1/27/99 493-0447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #