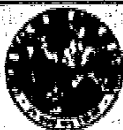


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 11 PM 9:48

DOCUMENT # N29687 (3)

1. Corporation Name

ZEPHYRHILLS CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

%SUSAN BURGESS
38415 FIFTH AVENUE
ZEPHYRHILLS FL 33540

%SUSAN BURGESS
38415 FIFTH AVENUE
ZEPHYRHILLS FL 33540

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1988

3a. Date of Last Report

03/04/1994

4. FEI Number

59-0668171

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURGESS, SUSAN
38415 FIFTH AVENUE
ZEPHYRHILLS FL 33540

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes. **Susan E. Burgess**

SIGNATURE

Susan E. Burgess
Signature, typed or printed name of registered agent and fee if applicable.

Executive Director

(813)782-1913

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ~~STERNER, JERRY D~~
STREET ADDRESS ~~7050 GALL BLVD~~
CITY-ST-ZIP ~~ZEPHYRHILLS FL~~

1.1 TITLE P/D ☐ Change ☐ Addition
1.2 NAME James W. Childers
1.3 STREET ADDRESS 38440 Fifth Avenue
1.4 CITY-ST-ZIP Zephyrhills, Fl. 33540

TITLE VD
NAME ~~FRANK, GREG~~
STREET ADDRESS ~~5719 GALL BLVD, SUITE 201~~
CITY-ST-ZIP ~~ZEPHYRHILLS FL~~

2.1 TITLE V/D ☐ Change ☐ Addition
2.2 NAME Darlene Bamberger
2.3 STREET ADDRESS 5402 Beaumont Center Blvd., Ste. 108
2.4 CITY-ST-ZIP Tampa, Fl. 33634

TITLE PD
NAME ~~CHILDERS, JAMES~~
STREET ADDRESS ~~38415 FIFTH AVE~~
CITY-ST-ZIP ~~ZEPHYRHILLS FL~~

3.1 TITLE PE/D - Roxann Shannon ☐ Change ☐ Addition
3.2 NAME 6309 Silver Oaks Drive
3.3 STREET ADDRESS Zephyrhills, Fl. 33541
3.4 CITY-ST-ZIP

TITLE ~~LANIER, SHIRLEY~~
NAME ~~7050 GALL BLVD.~~
STREET ADDRESS ~~ZEPHYRHILLS FL~~
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE SD
NAME HENK, KATHY
STREET ADDRESS 38039 FIFTH AVE.
CITY-ST-ZIP ZEPHYRHILLS FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ~~GRAY, KENNETH~~
NAME ~~7050 GALL BLVD~~
STREET ADDRESS ~~ZEPHYRHILLS FL~~
CITY-ST-ZIP

6.1 TITLE T/D ☐ Change ☐ Addition
6.2 NAME Kenneth Gray
6.3 STREET ADDRESS 5344 9th Street
6.4 CITY-ST-ZIP Zephyrhills, Fl. 33540

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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, upon an attachment with an address.

SIGNATURE:

Kenneth Gray
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Kenneth Gray, TREASURER

Date

Daytime Phone #