FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:48

DOCUMENT # **N29687** **(3)**

1. Corporation Name

ZEPHYRHILLS CHAMBER OF COMMERCE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
%SUSAN BURGESS 38415 FIFTH AVENUE ZEPHYRHILLS FL 33540	%SUSAN BURGESS 38415 FIFTH AVENUE ZEPHYRHILLS FL 33540

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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BURGESS, SUSAN
38415 FIFTH AVENUE
ZEPHYRHILLS FL 33540

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 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.

SIGNATURE Susan E. Burgess — Executive Director — (813)782-1913 — DATE

Signature, typed or printed name of registered agent (and title if applicable). (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P/D ☐ Change ☐ Addition
NAME	~~GTERNER, JERRY D~~	1.2 NAME	James W. Childers
STREET ADDRESS	~~7050 GALL BLVD.~~	1.3 STREET ADDRESS	38440 Fifth Avenue
CITY-ST-ZIP	~~ZEPHYRHILLS FL~~	1.4 CITY-ST-ZIP	Zephyrhills, Fl. 33540
TITLE	VD	2.1 TITLE	V/D ☐ Change ☐ Addition
NAME	~~FIRST, GREG~~	2.2 NAME	Darlene Bamberger
STREET ADDRESS	~~5710 GALL BLVD, SUITE 201~~	2.3 STREET ADDRESS	5402 Beaumont Center Blvd.,Ste.108
CITY-ST-ZIP	~~ZEPHYRHILLS FL~~	2.4 CITY-ST-ZIP	Tampa, Fl. 33634
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	~~CHILDERS, JAMES~~	3.2 NAME	PE/D - Roxann Shannon
STREET ADDRESS	~~38440 FIFTH AVE.~~	3.3 STREET ADDRESS	6309 Silver Oaks Drive
CITY-ST-ZIP	~~ZEPHYRHILLS FL~~	3.4 CITY-ST-ZIP	Zephyrhills, Fl. 33541
TITLE	~~DIR~~ D	4.1 TITLE	☐ Change ☐ Addition
NAME	LANIER, SHIRLEY	4.2 NAME	
STREET ADDRESS	7050 GALL BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	HENK, KATHY	5.2 NAME	
STREET ADDRESS	38039 FIFTH AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL	5.4 CITY-ST-ZIP	
TITLE	~~D~~	6.1 TITLE	T/D ☐ Change ☐ Addition
NAME	~~PHILLIPS, SANDRA~~	6.2 NAME	Kenneth Gray
STREET ADDRESS	~~7050 GALL BLVD.~~	6.3 STREET ADDRESS	5344 9th Street
CITY-ST-ZIP	~~ZEPHYRHILLS FL~~	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 119.07(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, or on an attachment with an address.

SIGNATURE: Kenneth Gray, TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0062317