FILE NOW:	FILING	FEE IS	\$61.25
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**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

NIOGERT

	OCUI Corporation	MENT :	# N2968	7	(3)						
ZEPHYRHILLS CHAMBER OF COMMERCE, INC.											
·											
Principal Place of Business Malling Address								I TO BY LIBY BY BY THE TOWN BY CHEEK YOUN	1001 91011 0191( 610H 01	DIN GARAN BIRNI ORBI	
%SUSAN BURGESS %SUSAN BURGESS 38415 FIFTH AVENUE 2EPHYRHILLS FL 33540 ZEPHYRHILLS FL 33540											
								3. Date Incorporated or Qualified 12/13/1988	3a. Date of La 04/11/		
2. 21	Eliza				a. Mailing Address Elizabeth Foster				4. FEI Number 59-0668171	<u> </u>	Applied For Not Applicable
22	Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional e Required
23	City & State			City & State				Election Campaign Financing Trust Fund Contribution	□ <b>\$</b> 5.	00 May Be	
24	Zip	2:		29	Zip	Country 30	,		8. This corporation has liability for in		
<u> </u>		9. Name a	nd Address of Currer	t Regist	ered Agent	121		1	10. Name and Address of New Re		
						81	Name	F1-	izabeth Foster		
		S, SUSAN	-			82	Street	Addres	s (P.O. Box Number is Not Acceptable	Θ)	
		IFTH AVENUI HILLS FL 33:	_							<u> </u>	
	ZEFITTN	MILLO FL 33	<del>34</del> 0			83					
						84	City			FI 85	Zip Code
11	. Pursuant t	to the provision	s of Sections 617.0502	and 617	1508, Florida Statute	s, the above-	named c	orporati	on submits this statement for the purp	oose of changing its	registered office
	or register familiar wit	ed agent, or bo th, and agcept	oth, in the State of Flori the obligations of, Sect	da. Such ion 617.0	change was authorize 0503, Florida Statutes.	d by the corp	oration's	board	on submits this statement for the purport directors. I hereby accept the appo	intment as registere	ed agent. I am
	SNATURE _	College	rith Fortal	E1	izabeth F	oster,	Exe	cut	ive Director	1-18-9	
12		Signature.	printed name of registered agent OFFICERS AN	and title if a	nplicable. (NOT	E Registered Age	nt signature	required wi	hen reinstating)	DATE	
Till		PD	OTTICE.NO AIV	DINEC	DELETE	13.	<del></del>	VD	ADDITIONS/CHANGES TO OFFI		
NAN	AE	CHILDERS	S, JAMES W.			1.2 NAME		\ V D		🔀 Change	Addition
STR	EF1 ADDRESS	38440 FIF	TH AVENUE				T ADDRESS				
CITY	Y - ST - ZIP	ZEPHYRH	ILLS FL			1.4 City - 5					
1111	E	VD			DELETE	21 TITLE		D		X Change	Addition
NAM	AE		ER, DARLENE			22 NAME		İ			<del></del>
STR	FET ADDRESS		umont center bi	.VD., S1	TE. 108	2.3 STREET	ADDRESS				
	Y-ST-ZIP	TAMPA FL	<u> </u>		-· <u>-</u>	2. 4 CITY-					
TITL		PED	I, ROXANN		DELETE	3.1 TITLE		PD		Change	Addition
NAA			ER OAKS DRIVE			3.2 NAME					
	FET ADDRESS	ZEPHYRHI					ADDRESS				
TITL	r-ST-ZIP	D			DELETE	3.4 CITY-	ST-ZIP	ļ. <del></del>	. 18	Поъст	C carrie
NAN		LANIER, S	HIRLEY			4.1 HILE				☐ Change	Addition
SIR	EE1 ADDRESS	7050 GALI				4.3 STREET					
CITY	(-ST-ZIP	Zephyrhi	ILLS FL			4.4 CITY-5					
TITL	£	SD			<b>M</b> DELETE	5.1 TITLE		SD		☐ Change	X Addition
NAM	AE	HENK, KA				5.2 NAME			net Gills	_ •	<del></del> · ·
	EET ADDRESS	38039 FIF				5.3 STREET	ADDRESS		333 Hwy. 54 W		İ
	/-ST-2IP	ZEPHYRHI	ILLS FL	<u>.</u>		5.4 CITY - S	ST-ZIP	Ze	phyrhills FL		
TITE		GRAY, KE	NNETH		DELETE	61 TITLE				Change	☐ Addition
NAM		5344 9TH				62 NAME					
	EFT ADDRESS	ZEPHYRHI				63 STREET					
	I do hereby	v certify that the	e information supplied s	vith this f	iling is voluntarily furnis	64 City-S shed and doe	c not our	difu for t	the exemption stated in Section 410.0	17/2VL) Florida St-1	the Leither
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 of director of the corporation or/their 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 atjacyment with an address.											

SIGNATURE:

Roxann Shannon, President