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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N29687 (3)

1. Corporation Name

ZEPHYRHILLS CHAMBER OF COMMERCE, INC.



Principal Place of Business

Mailing Address

ELIZABETH FOSTER
38415 FIFTH AVENUE
ZEPHYRHILLS FL 33540
US

ELIZABETH FOSTER
38415 FIFTH AVENUE
ZEPHYRHILLS FL 33540-4320
US

3. Date Incorporated or Qualified
12/13/1988

3a. Date of Last Report
01/24/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-0668171

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

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

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOSTER, ELIZABETH
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 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, 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 VD DELETE
NAME CHILDERS, JAMES W.
STREET ADDRESS 38440 FIFTH AVENUE
CITY-ST-ZIP ZEPHYRHILLS FL

1.1 TITLE D Change Addition
1.2 NAME CHILDERS, JAMES W.
1.3 STREET ADDRESS 38440 FIFTH AVENUE
1.4 CITY-ST-ZIP ZEPHYRHILLS, FL 33540

TITLE D DELETE
NAME BAMBERGER, DARLENE
STREET ADDRESS 5402 BEAUMONT CENTER BLVD., STE. 108
CITY-ST-ZIP TAMPA FL

2.1 TITLE D Change Addition
2.2 NAME BAMBERGER, DARLENE
2.3 STREET ADDRESS 37810 MERIDIAN AVENUE
2.4 CITY-ST-ZIP DADE CITY, FL 33525

TITLE PD DELETE
NAME SHANNON, ROXANN
STREET ADDRESS 6309 SILVER OAKS DRIVE
CITY-ST-ZIP ZEPHYRHILLS FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

TITLE SD DELETE
NAME GILLS, JANET
STREET ADDRESS 28333 HWY. 54 W.
CITY-ST-ZIP ZEPHYRHILLS FL

5.1 TITLE SD Change Addition
5.2 NAME GILLIS, JANET
5.3 STREET ADDRESS 38333 FIFTH AVENUE
5.4 CITY-ST-ZIP ZEPHYRHILLS, FL 33541

TITLE TD DELETE
NAME GRAY, KENNETH
STREET ADDRESS 5344 9TH STREET
CITY-ST-ZIP ZEPHYRHILLS FL

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *Roxann Owens Shannon* (813)
REQUIRED Roxann Owens Shannon 1/21/97 788-0459

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 001234

CF2E037 (9/96)