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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 03 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29687

1. Corporation Name

(3)

ZEPHYRHILLS CHAMBER OF COMMERCE, INC.

Principal Place of Business Mailing Address									(100())00 000 1	1919 FB199 B1491 IB191 19	10) UISH BIU) 0 4 0 010 01	BII WINN INCI
ELIZABETH FOSTER ELIZABETH FOSTER													
38415 FIFTH AVENUE				38415 FIFTH AVENUE									
ZEPHYRHILLS FL 33540 US				ZEPHYRHILLS FL 33540-4320 US				H	3. Date Incorporat	led or Qualified	3a. Da	te of Last R	eport
03			00						12/13/19	88	(01/24/19	96
2. Principal Pi	lace of Busin	iess	2a.	Mailing Address					4. FEI Number	49.4		A	plied For
21			26						59-06681	1/1		No	t Applicable
Suite, Apt.	#, etc.			Suite, Apt. #, etc.					5. Certificate of St	atus Desired		\$8.75	
22		, , , , , , , , , , , , , , , , , , , ,	27									Fee Ro	
City & State			— —	City & State					6. Election Campaign Financing \$5.00 May Be				
23 Zip		Country	28	Zip		Country			Trust Fund Con			Added	
一			-	Σiþ	<u> </u>	Country			This corporation Florida Statutes	· · ·	ntangibie		. 199.032,
24		and Address of Cu	29 29	lered Agent	30				10. Name and Add				
						81	Name						
EUGLED	ELIZARET	น				82			(2.5. 5. 1. 1. 1.				
FOSTER, ELIZABETH 38415 FIFTH AVENUE				5			Street	Addres	s (P.O. Box Number	r is Not Acceptab	HO)		
ZEPHYRHILLS FL 33540				63									
251 11114	111220 1 2 0												
						84	City				FL	85 Zip	Code
11. Pursuant	to the provis	ions of Sections 617	0502 and 6	17.1508, Florida Stat	utes, th	e above	-named	corpor	ation submits this st	atement for the p	urpose of	changing	ls registered
office or re agent. La	egistered ag m familiar wi	jent, or both, in the S ith, and accept the c	State of Floric obligations of	la. Such change was , Section 617.0503, I	s authoi Fiorida	rized by Statutes	r the corp s.	poration	n's board of director	s. I hereby accep	ot the app	ointment as	registered
SIGNATURE												•	
SIGNATURE	Signature, typed	or printed name of registers			OTE: Regi	istered Age	nt signature	e required	when rainslating)		DATE		
12.		OFFICERS	S AND DIREC	CTORS		13.			ADDITIONS/CHA	ANGES TO OFFIC	CERS AND	DIRECTOR	RS IN 12
	1			0.00.000								T .	
TITLE	VD			☐ DELETE		1.1 TITLE		D				Change Change	Addition
NAME	CHILDER	RS, JAMES W.		DELETE		1.2 NAME		CH	ILDERS, J			Change Change	
NAME STREET ADDRESS	CHILDER 38440 F	IFTH AVENUE		DELETE		1.2 NAME 1.3 STREET		CH:	ILDERS, J 440 FIFTH	AVENUE		Change Change	
NAME Street address City-St-Zip	CHILDER 38440 F ZEPHYR					1.2 NAME 1.3 STREET 1.4 CITY - S		CH: 38- ZE:	ILDERS, J	AVENUE	3540		Addition
NAME STREET ADDRESS CITY-ST-ZIP TIFLE	CHILDER 38440 F ZEPHYR D	IFTH AVENUE HILLS FL		☐ DELETE		1.2 NAME 1.3 STREET 1.4 City - S 2 1 Title		CH: 38- ZE: D	ILDERS, J 440 FIFTH PHYRHILLS	AVENUE , FL 33		Change Change	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CHILDER 38440 F ZEPHYR D BAMBER 5402 BE	IFTH AVENUE HILLS FL RGER, DARLENE EAUMONT CENTE	R BLVD., S	DELETE		1.2 NAME 1.3 STREET 1.4 City-S 2.1 Title 2.2 NAME 2.3 STREET	T-ZIP Address	CHI 38- ZEI D BAI 37-	ILDERS, J 440 FIFTH PHYRHILLS MBERGER, 810 MERID	AVENUE , FL 33 DARLENE IAN AVEN	3540 NUE		Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHILDER 38440 F ZEPHYR D BAMBER 5402 BE TAMPA	IFTH AVENUE HILLS FL RGER, DARLENE EAUMONT CENTE	R BLVD., S	DELETE TE. 108		1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S	T-ZIP Address	CHI 38- ZEI D BAI 37-	ILDERS, J 440 FIFTH PHYRHILLS MBERGER,	AVENUE , FL 33 DARLENE IAN AVEN	3540 NUE	Change	Addition Addition
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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 innual report or supplemental arrival 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 of the receiver of 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.

(813)

SIGNATURE:

Roxann Owens Shannon 1/21/97788-0459