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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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 US

3. Date Incorporated or Qualified: 12/13/1988

4. FEI Number: 59-0668171 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 Zephyrhills Chamber of Commerce
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FOSTER, ELIZABETH
38415 FIFTH AVENUE
ZEPHYRHILLS FL 33540

10. Name and Address of New Registered Agent

81 Name: W. Cliff McDuffie
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: W. Cliff McDuffie, Executive Director 1/7/98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CHILDERS, JAMES W. 38440 FIFTH AVENUE ZEPHYRHILLS FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Earl Young 5435 Gall Boulevard Zephyrhills, FL 33541	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAMBERGER, DARLENE 5402 BEAUMONT CENTER BLVD., STE. 108 TAMPA FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD Bo Hartley 5739 Gall Boulevard Zephyrhills, FL 33541	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHANNON, ROXANN 6309 SILVER OAKS DRIVE ZEPHYRHILLS FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD Mary A. Harman 13032 US 301 Dade City, FL 33525	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANIER, SHIRLEY 7050 GALL BLVD. ZEPHYRHILLS FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TD R. Michael Waters 5435 Gall Boulevard Zephyrhills, FL 33541	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GILLS, JANET 28333 HWY. 54 W. ZEPHYRILLS FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GRAY, KENNETH 5344 9TH STREET ZEPHYRHILLS FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	PED	☒ Change ☐ Addition

CR2E037 (10/97)

14. I 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: Earl Young **SIGNATURE REQUIRED** Earl Young, President 1/8/98 813-780-4149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #