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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29687

1. Corporation Name
ZEPHYRHILLS CHAMBER OF COMMERCE, INC.

102011 · 90061 · 19

Principal Place of Business	Mailing Address
ELIZABETH FOSTER 38415 FIFTH AVENUE ZEPHYRHILLS FL 33540 US	ELIZABETH FOSTER 38415 FIFTH AVENUE ZEPHYRHILLS FL 33540 US

2. Principal Place of Business	2a. Mailing Address
21 Zephyrhills Chamber of Com.	26 Zephyrhills Chamber of Commerce
Suite, Apt. #, etc. 22 38415 5th Ave	Suite, Apt. #, etc. 27 38415 5th Ave
City & State 23 Zephyrhills, Fl.	City & State 28 Zephyrhills, Fl.
Zip / Country 24 33540 25 US	Zip / Country 29 33540 30 US

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

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

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. **Name and Address of Current Registered Agent**

MCDUFFIE, W C
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 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 1/13/99
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	PD YOUNG, EARL 5435 GALL BOULEVARD ZEPHYRHILLS FL 33541	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	SD Duffy, Marie 36936 SR 54 West Zephyrhills, FL 33540	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HARTLEY, BO 5739 GALL BLVD ZEPHYRHILLS FL 33541	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	TD Lanier, Shirley 7050 Gall Blvd. Zephyrhills, FL 33541	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HARMAN, MARY A 13032 US 301 DADE CITY FL 33525	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WATERS, R M 5435 GALL BLVD ZEPHYRHILLS FL 33541	☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	VD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED GRAY, KENNETH 5344 9TH STREET ZEPHYRHILLS FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Kenneth L. Gray, President 1/13/99 (813) 782-1551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)