

FILE NOW: FILING FEE AFTER MAY 14 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Mathison
Secretary of State
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:12

DOCUMENT # **N94000003476 (8)**

1. Corporate Name:

NEWBERRY CHAMBER OF COMMERCE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address

**275 W CENTRAL AVE
NEWBERRY FL 32669**

**P.O. BOX 1200
NEWBERRY FL 32669**

3. Date Incorporated or Qualified **07/11/1994** 3a. Date of Last Report **N/A**

4. FEI Number **59-3253711** Applied For Not Applicable

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent

**ADLER, COREY M
275 W CENTRAL AVE
NEWBERRY FL 32669**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature of registered agent or registered agent's attorney) _____ (Signature of Registered Agent (signature required after registration)) _____ (Date)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	D DEPETER, THOMAS G P.O. BOX 1590 N/A NEWBERRY FL 32669	11 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		12 NAME	ROBERT D. RESPESS
CITY, ST, ZIP		13 STREET ADDRESS	P.O. Box 1439 N/A Newberry, Florida 32669
TITLE	D	14 CITY, ST, ZIP	
NAME	ADLER, COREY M	21 TITLE	Ken McINTOSH Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	P.O. BOX 1200 N/A NEWBERRY FL 32669	22 NAME	KEN McINTOSH
CITY, ST, ZIP		23 STREET ADDRESS	P.O. Box 1521 N/A Newberry, Florida 32669
TITLE	D	24 CITY, ST, ZIP	
NAME	MCLENDON, DEANA W	31 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	P.O. BOX 708 N/A NEWBERRY FL 32669	32 NAME	PHILIP AMBELL
CITY, ST, ZIP		33 STREET ADDRESS	700 NE 1th Street Newberry FL 32669
TITLE	D	34 CITY, ST, ZIP	
NAME	LONGSTRETH, JOAN B	41 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	16721 SW 5 PL NEWBERRY FL 32669	42 NAME	LOIS FORTE
CITY, ST, ZIP		43 STREET ADDRESS	P.O. Box 659 N/A Newberry FL 32669
TITLE	D	44 CITY, ST, ZIP	
NAME	DAVIS, DON L	51 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	P.O. BOX 99 N/A NEWBERRY FL 32669	52 NAME	ADRIANNE RICKETT
CITY, ST, ZIP		53 STREET ADDRESS	P.O. Box 1518 N/A Newberry, Florida 32669
TITLE	D	54 CITY, ST, ZIP	
NAME	KLETTER, WILLIAM R	61 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	397 W CENTRAL AVE NEWBERRY FL 32669	62 NAME	LOLA JOHNSON
CITY, ST, ZIP		63 STREET ADDRESS	P.O. Box 1148 N/A Newberry FL 32669
		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Section 190.021, 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 of this report, or on an attachment with an address.

SIGNATURE: *Thomas G. Depeter* **THOMAS G. DEPETER** 3/30/95 904472-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR