

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000003476
1. Corporation Name

Newberry Chamber of Commerce, Inc.

Principal Place of Business: **275 W. Central Avenue, Newberry, FL 32669**
Mailing Address: **PO Box 495, Newberry, FL 32669**

3. Date Incorporated or Qualified: **7/11/94**
3a. Date of Last Report: **1995**

2. Principal Place of Business
21 **385 W. Central Avenue**

2a. Mailing Address
26 **P.O. Box 495**

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

Suite, Apt # etc: **22**

Suite, Apt #, etc: **27**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23 Newberry, FL**

City & State: **28 Newberry, Florida**

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

Zip: **24 32669**

Country: **25 Alachua**
Zip: **29 32669**
Country: **30 Alachua**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Cory M. Adler
275 W. Central Avenue
PO Box 1200
Newberry, FL 32669

81 Name: **Robert D. Respass**
82 Street Address (P.O. Box Number is Not Acceptable): **385 West Central Avenue**
83
84 City: **Newberry** FL 85 Zip Code: **32669**

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: *Robert D. Respass* **Robert D. Respass Treasurer** **April 30, 1996**
(NOTE: Registered Agent signature required when registering.) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President / Secretary <input type="checkbox"/> DELETE
NAME	Don Davis
STREET ADDRESS	300 N. Main Street
CITY - ST - ZIP	Newberry, FL 32669
TITLE	Chairperson <input type="checkbox"/> DELETE
NAME	Adrienne Pickett
STREET ADDRESS	200 W. Central Avenue
CITY - ST - ZIP	Newberry, FL 32669
TITLE	Treasurer <input type="checkbox"/> DELETE
NAME	Robert D. Respass
STREET ADDRESS	385 W. Central Avenue
CITY - ST - ZIP	Newberry, FL 32669
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Joan Longstreth
1.3 STREET ADDRESS	701 S. Main Street
1.4 CITY - ST - ZIP	Newberry, FL 32669
2.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jack Coleman
2.3 STREET ADDRESS	175 S. Main St
2.4 CITY - ST - ZIP	Newberry, FL 32669
3.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Gibbs Roland
3.3 STREET ADDRESS	385 W. Central Avenue
3.4 CITY - ST - ZIP	Newberry, FL 32669
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	100001817751
5.4 CITY - ST - ZIP	-05/13/96--01017--022
6.1 TITLE	***\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Robert D. Respass* **Robert D. Respass** **4/30/96** **352-472-5434**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

5-1-96 OR