

8-4-97 B-8097 C

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 04 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000003476 (8)
 1. Corporation Name
NEWBERRY CHAMBER OF COMMERCE, INC.



Principal Place of Business 385 W. CENTRAL AVE. NEWBERRY FL 32669 US	Mailing Address P.O. BOX 495 NEWBERRY FL 32669
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 25355 West Newberry Rd.	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Newberry, FL	City & State 28
Zip 24 32669	Country 25 USA
Zip 29	Country 30

3. Date Incorporated or Qualified 07/11/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3253711	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
RESPESS, ROBERT D
~~385 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)
25355 West Newberry Road
 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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS DAVIS, DON 300 N. MAIN ST. NEWBERRY FL 32669 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHP PICKETT, ANDRIANNE 280 W. CENTRAL AVE. NEWBERRY FL 32669 →
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RESPESS, ROBERT D 385 W. CENTRAL AVE. NEWBERRY FL 32669 →
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONGSTRETH, JOAN B 701 G. MAIN ST. NEWBERRY FL 32669 →
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, JACK 175 G. MAIN ST. NEWBERRY FL 32669 →
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROLAND, GIBBS 385 W. CENTRAL AVE. NEWBERRY FL 32669 <input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	CHAIRPERSON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOY GLANZER 25255 WEST NEWBERRY RD. NEWBERRY, FL 32669
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 25220 WEST NEWBERRY RD.
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 25355 WEST NEWBERRY RD.
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1203 SW 250TH STREET
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 171 SW 250TH STREET
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SID SANDERS 25355 WEST NEWBERRY RD NEWBERRY, FL 32669

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 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.

CR2E037 (4/97)