

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 25355 WEST NEWBERRY RD NEWBERRY FL 32669 US	Mailing Address P.O. BOX 495 NEWBERRY FL 32669
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3. Date Incorporated or Qualified 07/11/1994	
4. FEI Number 59-3253711	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

21. Principal Place of Business Sulte, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**RESPESS, ROBERT D
 25355 WEST NEWBERRY ROAD
 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	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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

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: *[Handwritten Signatures]* **1/26/98 353-473-5434**

CR2E037 (10/97)