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Feb 17, 1999 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1999



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

02-17-1999 90018 003 \*\*\*\*\*61.25

DOCUMENT # N94000003476

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

07/11/1994

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

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

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 C  DELETE

NAME GLANZER, JOY  
STREET ADDRESS 25255 WEST NEWBERRY RD  
CITY-ST-ZIP NEWBERRY FL

TITLE D  DELETE

NAME PICKETT, ANDRIANNE  
STREET ADDRESS 25220 WEST NEWBERRY RD  
CITY-ST-ZIP NEWBERRY FL

TITLE T  DELETE

NAME RESPESS, ROBERT D  
STREET ADDRESS 25355 WEST NEWBERRY RD  
CITY-ST-ZIP NEWBERRY FL

TITLE D  DELETE

NAME LONGSTRETH, JOAN B  
STREET ADDRESS 1203 SW 250TH STREET  
CITY-ST-ZIP NEWBERRY FL

TITLE D  DELETE

NAME COLEMAN, JACK  
STREET ADDRESS 171 SW 250TH ST  
CITY-ST-ZIP NEWBERRY FL

TITLE D  DELETE

NAME SANDERS, SID  
STREET ADDRESS 25355 WEST NEWBERRY RD  
CITY-ST-ZIP NEWBERRY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE

*Robert D. Respass*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/99

352-472-5434  
Daytime Phone #

CR2E037 (1/98)