

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR -7 PM 1:46

DOCUMENT # N94000003476

1. Entity 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

REINSTATEMENT 04-05



2. Principal Place of Business
940 NW 247th Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062005 REIN-NP CR2E099 (6/04)

City & State
Newberry, Florida

City & State

4. FEI Number
59-3253711

Applied For
Not Applicable

Zip
32669

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RESPESS, ROBERT D
25355 WEST NEWBERRY ROAD
NEWBERRY, FL 32669

Name
John Colundjia

Street Address (P.O. Box Number is Not Acceptable)

940 NW 247th Drive

City
Newberry

FL

Zip Code
32669

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE John Colundjia Treasurer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/6/2005

DATE

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE C ☐ Delete
NAME GLANZER, JOY
STREET ADDRESS 25255 WEST NEWBERRY RD
CITY-ST-ZIP NEWBERRY, FL

TITLE Director ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME PARKER, SUSAN
STREET ADDRESS 25365 W NEWBERRY RD
CITY-ST-ZIP NEWBERRY, FL 32669

TITLE Director ☒ Change ☐ Addition
NAME 600051209486
STREET ADDRESS 04/19/05--01050--014 ***306.25
CITY-ST-ZIP

TITLE T ☒ Delete
NAME RESPESS, ROBERT.D
STREET ADDRESS 25355 WEST NEWBERRY RD
CITY-ST-ZIP NEWBERRY, FL

TITLE President ☐ Change ☒ Addition
NAME Jeff Rizzo
STREET ADDRESS 14009 W. Newberry Road
CITY-ST-ZIP Newberry, Florida 32669

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

TITLE Treasurer ☐ Change ☒ Addition
NAME John Colundjia
STREET ADDRESS 940 NW 247th Drive
CITY-ST-ZIP Newberry, Florida 32669

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

TITLE Secretary ☐ Change ☒ Addition
NAME Michael McElroy
STREET ADDRESS 25365 W. Newberry Road
CITY-ST-ZIP Newberry, Florida 32669

TITLE D ☐ Delete
NAME SANDERS, SID
STREET ADDRESS 25355 WEST NEWBERRY RD
CITY-ST-ZIP NEWBERRY, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Colundjia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/2005 352 472-9152

Date

Daytime Phone #