

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90112 023 ****61.25

DOCUMENT # N97000002950

1. Corporation Name

**GADSDEN COUNTY CHAMBER OF COMMERCE FOUNDATION, I
NC.**

Principal Place of Business
**221 NORTH MADISON STREET
QUINCY FL 32351**

Mailing Address
**221 NORTH MADISON STREET
QUINCY FL 32351**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/22/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOYNER, DEBBIE
221 N MADISON
QUINCY FL 32351**

81 Name **Sherry VanLandingham**

82 Street Address (P.O. Box Number is Not Acceptable)
221 North Madison Street

83

84 City **Quincy, FL**

85 Zip Code
32351

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 **Sherry VanLandingham**

4/30/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **VANLANDINGHAM, MARI**
STREET ADDRESS **120 S MADISON**
CITY-ST-ZIP **QUINCY FL 32351**

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **Max Clark**
1.3 STREET ADDRESS **113 North Madison Street**
1.4 CITY-ST-ZIP **Quincy, FL 32351**

TITLE **D** ☐ DELETE
NAME **GALLOWAY, GEORGE**
STREET ADDRESS **1640 W JEFFERSON**
CITY-ST-ZIP **QUINCY FL 32351**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **MASSEY, TERRANCE**
STREET ADDRESS **105 W JEFFERSON**
CITY-ST-ZIP **QUINCY FL 32351**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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: **Sherry VanLandingham**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99

Date

Daytime Phone #

CR2E037 (11/98)