2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2014
Secretary of State
CC1177043543

DOCUMENT# 767325

Entity Name: GREATER CHIEFLAND AREA CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

23 SE 2ND AVE
CHIEFLAND, FL 32626

Current Mailing Address:

PO BOX 1397
CHIEFLAND, FL 32644 US

FEI Number: 59-2458568

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BEAUCHAMP, ROBERT
105 E PARK AVE
CHIEFLAND, FL 32626 US

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.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR
Name	ALLEN, PATRICK
Address	311 NE 9TH STREET
City-State-Zip:	CHIEFLAND FL 32626

Title	ED
Name	FIGUEROA, KATHLEEN
Address	23 SE 2ND AVE
City-State-Zip:	CHIEFLAND FL 32626

Title	VP
Name	TEN BROECK, TOM
Address	624 WEST PARK AVE
City-State-Zip:	CHIEFLAND FL 32626

Title	TREASURER
Name	MAGWOOD, BECKY
Address	2012 N YOUNG BLVD
City-State-Zip:	CHIEFLAND FL 32626

Title	PRESIDENT
Name	PIAZZA, JACOB
Address	613 N. MAIN STREET
City-State-Zip:	CHIEFLAND FL 32626

Title	DIRECTOR
Name	SPANN, PRENTICE
Address	16051 NW 30TH AVE
City-State-Zip:	TRENTON FL 32693

Title	DIRECTOR
Name	LOTT, BEN
Address	1627 N.YOUNG BLVD
City-State-Zip:	CHIEFLAND FL 32626

Title	DIRECTOR
Name	GEORGE, DENNY
Address	729 E WADE STREET
City-State-Zip:	TRENTON FL 32693

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHLEEN FIGUEROA EXECUTIVE DIRECTOR 03/21/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MCGLASHAN, HOLLY
Address	114 RODGERS BLVD
City-State-Zip:	CHIEFLAND FL 32626

Title	DIRECTOR
Name	SPINK, RONALD
Address	107 N YOUNG BLVD
City-State-Zip:	CHIEFLAND FL 32626

Title	DIRECTOR
Name	MINOR, JANET
Address	220 N MAIN STREET SUITE 2
City-State-Zip:	CHOEFLAND FL 32626

Title	DIRECTOR
Name	WATSON, RYAN
Address	11491 NW 50TH AVE
City-State-Zip:	CHIEFLAND FL 32626

Title	DIRECTOR
Name	ANDRESEN, TOM
Address	P.O.BOX 1281
City-State-Zip:	CHIEFLAND FL 32644