

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000003476

**Entity Name:** NEWBERRY AREA CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

25435 WEST NEWBERRY ROAD  
NEWBERRY, FL 32669

**Current Mailing Address:**

P.O. BOX 495  
NEWBERRY, FL 32669 US

**FEI Number:** 59-3253711

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HULSE, DWIGHT L.  
25435 WEST NEWBERRY ROAD  
NEWBERRY, FL 32669 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:** DWIGHT L. HULSE

02/24/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            KENNARD, ADRA  
Address        P.O. BOX 495  
City-State-Zip: NEWBERRY FL 32669

Title            SECRETARY  
Name            DAY, MARLIN  
Address        P.O. BOX 495  
City-State-Zip: NEWBERRY FL 32669

Title            TREASURER  
Name            HULSE, DWIGHT L  
Address        P.O. BOX 495  
City-State-Zip: NEWBERRY FL 32669

Title            VP  
Name            MELE, MARY  
Address        P.O. BOX 495  
City-State-Zip: NEWBERRY FL 32669

Title            DIRECTOR, MEMBER-AT-LARGE  
Name            BLAIR, KRISTAL  
Address        P.O. BOX 495  
City-State-Zip: NEWBERRY FL 32669

*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:** DWIGHT L. HULSE

**TREASURER**

02/24/2024

Electronic Signature of Signing Officer/Director Detail

Date