

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90014 050 \*\*\*\*61.25

**DOCUMENT # 706191**

1. Entity Name

GADSDEN COUNTY CHAMBER OF COMMERCE, INC.



Principal Place of Business

208 N ADAMS ST  
QUINCY FL 32351

Mailing Address

208 N ADAMS ST  
QUINCY FL 32351

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0558449

Applied For

Not Applicable

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

VANLANDINGHAM, SHERRY  
203 E JEFFERSON STREET  
QUINCY FL 32351

Name

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

208 North Adams Street

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME BERT, NICK  
STREET ADDRESS 103 WEST 7TH AVE  
CITY-ST-ZIP HAVANA FL 32333

TITLE D ☒ Delete  
NAME HOLCOMB, JAMES  
STREET ADDRESS 107 W FRANKLIN STREET  
CITY-ST-ZIP QUINCY FL 32351

TITLE D ☐ Delete  
NAME MOORE, ROY  
STREET ADDRESS 1509 W JEFFERSON STREET  
CITY-ST-ZIP QUINCY FL 32351

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME Nesta Cumbie  
STREET ADDRESS 404 Live Oak Lane  
CITY-ST-ZIP Havana FL 32333

TITLE ☐ Change ☒ Addition  
NAME Lee Garner  
STREET ADDRESS Post Office Box 188  
CITY-ST-ZIP Chattahoochee FL 32324

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/04 (850) 627-5231

Date

Daytime Phone