

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90049 029 \*\*\*\*61.25

<b>DOCUMENT # 712487</b>					
<b>1. Entity Name</b> LAKE CITY, COLUMBIA COUNTY CHAMBER OF COMMERCE, INC.					
<b>Principal Place of Business</b> 162 S MARION AVE LAKE CITY, FL 32025-4354 US			<b>Mailing Address</b> 162 S MARION AVE LAKE CITY, FL 32025-4354 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-0323804	
Zip		Country		Zip	
Country		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  POOLE, JIM 162 S MARION AVENUE LAKE CITY, FL 32025			<b>7. Name and Address of New Registered Agent</b>		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
<b>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.</b>					
SIGNATURE <i>Jim Poole</i>		DATE <i>1/7/08</i>			
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PD NORRIS, GUY 325 CLUBVIEW CIRCLE LAKE CITY, FL 32055	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Georgia Jones 4705 US Highway 90 W Lake City, Fl 32055	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	TD LEWIS, LEE 4307 US HIGHWAY 90 WEST LAKE CITY, FL 32055	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Chris Bullard 212 N Marion Ave #202 Lake City, Fl 32055	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	ED POOLE, JIM 106 SOUTH MARION STREET LAKE CITY, FL 32025	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D BULLOCK, STEVE 10 N. COLUMBIA STREET LAKE CITY, FL 32055	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Chris Dampier 350 SW Main Blvd. Lake City, Fl 32025	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D BURNS, JOHN W III 220 S. FIRST STREET LAKE CITY, FL 32025	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D CORWETZ, IRV 423 S. MARION STREET LAKE CITY, FL 32025	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> <i>Jim Poole</i>		DATE <i>1/7/08</i>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

# 712487

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## Annual Report Online Filing

40005046

Document Number 712487

Business Entity Name LAKE CITY, COLUMBIA COUNTY CHAMBER OF COMMERCE, INC.

FEI Number 59 - 0323804

FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not ApplicableCertificate of Status Desired ☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ NoPrincipal Place of Business

Address 162 S MARION AVE (PO Box not acceptable)

Suite, Apt. #, etc.

City, State LAKE CITY, FL

Zip Code &amp; Country 320254354 US

Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise, enter your mailing address.

☒ Mailing address same as principal address

Address 162 S MARION AVE

Suite, Apt. #, etc.

City, State LAKE CITY, FL

Zip Code &amp; Country 320254354 US

Name And Address of Registered Agent

Name (Last, First, Middle, Title) POOLE, JIM

- OR -

Business to serve as RA

Street Address In Florida 162 S MARION AVENUE (PO Box not acceptable)

Suite, Apt. #, etc.

City, State LAKE CITY, FL

# 712487

**ATTACHMENT**

Zip Code &amp; Country

32025 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Jim Poole

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

**Officer/Director Name And Address**

40005046

**Name And Address #1**

Title

PD

Name (Last, First, Middle, Title)

Brown

Keith

- OR -

Entity Name to serve as Officer/Director

Street Address

162 South Marion Ave

City, State

LAKE CITY

, FL

Zip Code &amp; Country

32055

**Name And Address #2**

Title

TD

Name (Last, First, Middle, Title)

Jones

Georgia

- OR -

Entity Name to serve as Officer/Director

Street Address

4307 US HIGHWAY 90 WEST

City, State

LAKE CITY

, FL

Zip Code &amp; Country

32055

**Name And Address #3**

Title

ED

Name (Last, First, Middle, Title)

POOLE

JIM

- OR -

Entity Name to serve as Officer/Director

Street Address

106 SOUTH MARION STREET

City, State

LAKE CITY

, FL

Zip Code &amp; Country

32025

# 712487

**Name And Address #4 ATTACHMENT**

Title D  
Name (Last, First, Middle, Title) Dampier, Chris  
- OR -  
Entity Name to serve as Officer/Director 40005046  
Street Address 162 South Marion Ave  
City, State LAKE CITY, FL  
Zip Code & Country 32055

**Name And Address #5**

Title D  
Name (Last, First, Middle, Title) Bullard, Chris  
- OR -  
Entity Name to serve as Officer/Director  
Street Address 162 South Marion Ave  
City, State LAKE CITY, FL  
Zip Code & Country 32025

**Name And Address #6**

Title D  
Name (Last, First, Middle, Title) Hires, LeeAnn  
- OR -  
Entity Name to serve as Officer/Director  
Street Address 162 South Marion Ave  
City, State LAKE CITY, FL  
Zip Code & Country 32025

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title Pres  
Officer/Director Signature Keith Brown

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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