

FILE NOW: FILING FEE IS \$61.25

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**Feb 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 717721 (5)
1. Corporation Name
MARIANNA CHAMBER OF COMMERCE, INC.



Principal Place of Business 2928 JEFFERSON ST MARIANNA CHAMBER OF COMMERCE MARIANNA FL 32446 US	Mailing Address P.O. BOX 130 MARIANNA FL 32447 US
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3. Date Incorporated or Qualified 12/10/1969		
4. FEI Number 59-0344533	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**NASH, PAMELA M MRS
2928 JEFFERSON ST
MARIANNA FL 32446**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PC	<input checked="" type="checkbox"/> DELETE
NAME	BENTON, S. J MRS.	
STREET ADDRESS	P.O. BOX 130, 2928 JEFFERSON ST.	
CITY-ST-ZIP	MARIANNA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARTSFIELD, IDUS	
STREET ADDRESS	3820 CAVERNS RD	
CITY-ST-ZIP	MARIANNA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NASH, PAMELA M M.	
STREET ADDRESS	P.O. BOX 130, 2928 JEFFERSON ST.	
CITY-ST-ZIP	MARIANNA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOWERS, ED	
STREET ADDRESS	4487 LAFAYETTE ST	
CITY-ST-ZIP	MARIANNA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILTON, HOWARD	
STREET ADDRESS	P O BOX 936	
CITY-ST-ZIP	MARIANNA FL	
TITLE	TC	<input type="checkbox"/> DELETE
NAME	HAMILTON, MARKET M	
STREET ADDRESS	4425 MARKET STREET	
CITY-ST-ZIP	MARIANNA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MITCHELL, SHARON MRS	
1.3 STREET ADDRESS	2928 JEFFERSON ST., PO BOX 130	
1.4 CITY-ST-ZIP	MARIANNA, FL #0336	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROBERT REIF	
2.3 STREET ADDRESS	3176 4TH ST	
2.4 CITY-ST-ZIP	MARIANNA, FL #0336	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	2741 PENN AVE, SUITE B	
4.4 CITY-ST-ZIP	MARIANNA, FL 32448	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	HAMILTON, JOHN	
6.3 STREET ADDRESS	1940 HWY 71 S	
6.4 CITY-ST-ZIP	MARIANNA, FL 32448	

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.

SIGNATURE: _____ **DATE REQUIRED** **23 January 98** **850-482-8061**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0010198

CRE037 (10/97)