FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:48

DOCUMENT # 729517 (3)

1. Corporation Name

HOMOSASSA SPRINGS AREA CHAMBER OF COMMERCE,INC.

Principal Place of Business	Mailing Address
3495 S. SUNCOAST BLVD. PO BOX 709 HOMOSASSA SPRINGS FL 34447-0709 US	3495 S. SUNCOAST BLVD. PO BOX 709 HOMOSASSA SPRINGS FL 34447-0709 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/01/1974
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-1543952 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

9. Name and Address of Current Registered Agent

RUSSELL, JOHN
ROOM 101 CITRUS OFFICE PLAZA
HOMOSASSA SPRINGS FL 32647

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	BARNES, JOHN, T	1.2 NAME		
STREET ADDRESS	7373 W HADENOTTER LANE	1.3 STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	DEVOE, DENNIS	2.2 NAME		
STREET ADDRESS	6121 E RECTOR ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL	2.4 CITY-ST-ZIP		
TITLE	PE	3.1 TITLE	P	☒ Change ☐ Addition
NAME	STRAIGHT, MARIE	3.2 NAME		
STREET ADDRESS	4395 SO SUNCOAST BLVD	3.3 STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA FL	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE	D	☒ Change ☐ Addition
NAME	PRACK, JUDY	4.2 NAME		
STREET ADDRESS	3938 S SUNCOAST BLVD	4.3 STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA FL	4.4 CITY-ST-ZIP		
TITLE	P	5.1 TITLE	D	☒ Change ☐ Addition
NAME	BELL, JOSEPH	5.2 NAME	BELL, JOSEPH	
STREET ADDRESS	610 US 19 SE	5.3 STREET ADDRESS	1088 S SOFTWIND LOOP	
CITY-ST-ZIP	CRYSTAL RIVER FL	5.4 CITY-ST-ZIP	LECANTO, FL 34461	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	HOFMEISTER, JAMES A F	6.2 NAME		
STREET ADDRESS	3266 S WESTMORELAND DR	6.3 STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA SPRINGS FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Broadus Moore March 15, 1995 904 628-2666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BROADUS MOORE

0064687

HOMOSASSA SPRINGS AREA CHAMBER OF COMMERCE
OFFICERS AND DIRECTORS

D
ROGER O BATCHELOR
2051 N HEART PATH
CRYSTAL RIVER FL 34429

D
C L CALLOWAY
5330 W GULF TO LAKE HWY
CRYSTAL RIVER FL 34429

S
MICHAEL L GUDIS
4518 S SUNCOAST BLVD
HOMOSASSA FL 34446

T
RONALD MAYER
4325 S SUNCOAST BLVD
HOMOSASSA FL 34446

D
BARBARA MITCHELL
1811 S SUNCOAST BLVD
HOMOSASSA FL 34448

PE
DAVE WARREN
4870 S SUNCOAST BLVD
HOMOSASSA FL 34446

D
JANICE WARREN
4650 S SUNCOAST BLVD
HOMOSASSA FL 34446

D
TONY WIESEN
6895 W APPIAN ST
HOMOSASSA FL 34446

D
BROADUS MOORE
5309 ISABEL TERRACE
HOMOSASSA FL 34446