

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 25 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **729517** (3)  
1. Corporation Name  
**HOMOSASSA SPRINGS AREA CHAMBER OF COMMERCE, INC.**

Principal Place of Business <b>3495 S. SUNCOAST BLVD. PO BOX 709 HOMOSASSA SPRINGS FL 34447-0709 US</b>	Mailing Address <b>3495 S. SUNCOAST BLVD. PO BOX 709 HOMOSASSA SPRINGS FL 34447-0709 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>05/01/1974</b>	4. FEI Number <b>59-1543952</b>	Applied For Not Applicable
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 checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**BARNES, JOHN T.  
7373 W HADENOTTER LANE  
HOMOSASSA FL 34446**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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	PP <input type="checkbox"/> DELETE
NAME	<b>BARNES, JOHN, T</b>
STREET ADDRESS	<b>7373 W HADENOTTER LANE</b>
CITY - ST - ZIP	<b>HOMOSASSA FL</b>
TITLE	P <input type="checkbox"/> DELETE
NAME	<b>CALLOWAY, C.L.</b>
STREET ADDRESS	<b>5330 W GULF TO LAKE HWY</b>
CITY - ST - ZIP	<b>LECANTO FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>PRACK, JUDY</b>
STREET ADDRESS	<b>3938 S SUNCOAST BLVD</b>
CITY - ST - ZIP	<b>HOMOSASSA FL</b>
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	<b>BELL, JOSEPH</b>
STREET ADDRESS	<b>1088 S SOFTWIND LOOP</b>
CITY - ST - ZIP	<b>LECANTO FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>HOFMEISTER, JAMES A F</b>
STREET ADDRESS	<b>3286 S WESTMORELAND DR</b>
CITY - ST - ZIP	<b>HOMOSASSA SPRINGS FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PRESIDENT</b>
STREET ADDRESS	<b>ROB WARDLOW</b>
CITY - ST - ZIP	<b>450 PLEASANT GROVE ROAD</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<b>PAST PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	<b>PRESIDENT-ELECT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>CHRIS ORDWAY</b>
4.3 STREET ADDRESS	<b>1624 N MEADOWCREST BLVD</b>
4.4 CITY - ST - ZIP	<b>CRYSTAL RIVER, FL 34429-8751</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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:  Rob Wardlow, President 3/19/98 352 628-2666

CR2E037 (10/97)

**HOMOSASSA SPRINGS AREA CHAMBER OF COMMERCE  
1998 DIRECTORS & OFFICERS**

**ROB WARDLOW, PRESIDENT  
450 PLEASANT GROVE ROAD  
INVERNESS, FL 34452**

**CHRIS ORDWAY, PRESIDENT-ELECT  
1624 N MEADOWCREST BLVD  
CRYSTAL RIVER, FL 34429-8751**

**ALBERT N. NAGY, TREASURER  
4930 S SUNCOAST BLVD  
HOMOSASSA, FL 34446**

**CAROL LEE WALLIS, SECRETARY  
614 NW HWY 19  
CRYSTAL RIVER, FL 34428**

**GLEN C. ABBOTT, DIRECTOR  
706 S SUNCOAST BLVD  
CRYSTAL RIVER, FL 34429**

**JOHN T. BARNES, DIRECTOR  
7373 W HADENOTTER LANE  
HOMOSASSA, FL 34446-2140**

**ANN BURCH, DIRECTOR  
5510 S JEFFREY  
HOMOSASSA, FL 34446**

**C.L. CALLOWAY, PAST PRESIDENT  
5330 W GULF TO LAKE HWY  
LECANTO, FL 34461**

**IRENE DeLABY, DIRECTOR  
4150 S SUNCOAST BLVD  
HOMOSASSA, FL 34446**

**WARREN HAHN, DIRECTOR  
6175 S ESMEERALDA TERRACE  
LECANTO, FL 34461**

**JIM HOFMEISTER, DIRECTOR  
3266 S WESTMORELAND DRIVE  
HOMOSASSA, FL 34448**

**JUDY PRACK, DIRECTOR  
5665 S CHESTNUT TERRACE  
LECANTO, FL 34461**

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**BILL STOCKER, DIRECTOR  
8120 S SUNCOAST BLVD  
HOMOSASSA, FL 34446-5006**

**TONY WIESEN, DIRECTOR  
6895 W APPIAN STREET  
HOMOSASSA, FL 34446**

**JANET YANT, DIRECTOR  
4865 W GULF TO LAKE HWY  
LECANTO, FL 34461-9239**