

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **733073** (1)
1. Corporation Name
DEBARY AREA CHAMBER OF COMMERCE, INCORPORATED

Principal Place of Business

133 HWY 17-92 SOUTH
PO BOX 1
DEBARY FL 32713

Mailing Address

133 HWY 17-92 SOUTH
PO BOX 1
DEBARY FL 32713



600001884856
-07/08/96--01001--003
***61.25

3. Date Incorporated or Qualified 06/16/1975	3a. Date of Last Report 05/01/1995
4. FEI Number 59-6153205	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 133 S. HWY 17-92	26 133 S. HWY 17-92
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 DEBARY, FL	28 DEBARY, FL
Zip	Zip
24 32713	29 32713
Country	Country
25 USA	30 USA

9. Name and Address of Current Registered Agent

PEABODY, MARIAM D
133 S. HWY. 17-92
DEBARY FL 32713

10. Name and Address of New Registered Agent

81 Name KATHY TAYLOR
82 Street Address (P.O. Box Number is Not Acceptable) 133 S. HIGHWAY 17-92
83
84 City DEBARY
85 Zip Code FL 32713

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 *Kathy Taylor* **ADMINISTRATIVE ASSISTANT** **6/12/96**
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	P	1.1 TITLE	D
NAME	WIGGINS, SAMMIE	1.2 NAME	ROSEMARY OBENLAND
STREET ADDRESS	111 S. ALABAMA AVENUE	1.3 STREET ADDRESS	PO BOX 653 N/A (NO STREET ADDRESS)
CITY-ST-ZIP	DELAND FL	1.4 CITY-ST-ZIP	DEBARY, FL 32713
TITLE	PED	2.1 TITLE	D
NAME	OBENLAND, ROSEMARY	2.2 NAME	ELOISE ABRAHAMS
STREET ADDRESS	131 MATANZAS RD.	2.3 STREET ADDRESS	60 N. HWY 17-92
CITY-ST-ZIP	DEBARY FL	2.4 CITY-ST-ZIP	DEBARY, FL 32713
TITLE	VP	3.1 TITLE	D
NAME	HUMENAI, DEBORAH	3.2 NAME	SECRETARY
STREET ADDRESS	2494 ENTERPRISE ROAD	3.3 STREET ADDRESS	WILLIAM T. LONG
CITY-ST-ZIP	ORANGE CITY FL	3.4 CITY-ST-ZIP	145 S. HWY 17-92
TITLE	S	4.1 TITLE	D
NAME	ABRAHAMS, ELOISE	4.2 NAME	TREASURER
STREET ADDRESS	60 N. HWY. 17-92	4.3 STREET ADDRESS	GREG BOWES
CITY-ST-ZIP	DEBARY FL	4.4 CITY-ST-ZIP	150 S. HWY 17-92
TITLE	TD	5.1 TITLE	D
NAME	OATMAN, MARY L	5.2 NAME	IMMEDIATE PAST PRESIDENT
STREET ADDRESS	2481 ENTERPRISE RD	5.3 STREET ADDRESS	SAMMIE WIGGINS
CITY-ST-ZIP	ORANGE CITY FL	5.4 CITY-ST-ZIP	111 S. ALABAMA AVE.
TITLE	D	6.1 TITLE	D
NAME	PEABODY, MARIAM D	6.2 NAME	ADMINISTRATIVE ASSISTANT
STREET ADDRESS	115 PINE VALLEY CT.	6.3 STREET ADDRESS	KATHY TAYLOR
CITY-ST-ZIP	DEBARY FL	6.4 CITY-ST-ZIP	133 S. HWY 17-92

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)(k), 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: *Kathy Taylor* **KATHY TAYLOR** **6/12/96** **407-668-4614**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (3/96)