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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **733073** (1)
 1. Corporation Name
DEBARY AREA CHAMBER OF COMMERCE, INCORPORATED



Principal Place of Business 133 HWY 17-92 SOUTH DEBARY FL 32713	Mailing Address 133 HWY 17-92 SOUTH PO BOX 1 DEBARY FL 32713-0001
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3. Date Incorporated or Qualified 06/16/1975	3a. Date of Last Report 07/03/1996
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 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
	133 S. HWY 17-92 NO PO BOX DEBARY, FL 32713 USA

9. Name and Address of Current Registered Agent

TAYLOR, KATHY
133 S. HWY. 17-92
DEBARY FL 32713

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O BENLAND, ROSEMARY	1.2 NAME	ELOISE ABRAHAMS
STREET ADDRESS	PO BOX 653 (N/A)*	1.3 STREET ADDRESS	60 N. HWY 17-92
CITY - ST - ZIP	DEBARY FL 32716	1.4 CITY - ST - ZIP	DEBARY, FL 32713
TITLE	V/D <input type="checkbox"/> DELETE	2.1 TITLE	FIRST VICE PRESIDENT VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAHAMS, ELOISE	2.2 NAME	RICH GUNTER
STREET ADDRESS	60 N. HWY. 17-92	2.3 STREET ADDRESS	155 S. HWY 17-92
CITY - ST - ZIP	DEBARY FL 32713	2.4 CITY - ST - ZIP	DEBARY, FL 32713
TITLE	S/D <input type="checkbox"/> DELETE	3.1 TITLE	SECOND VICE PRESIDENT VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, WILLIAM T.	3.2 NAME	GREG BOWES
STREET ADDRESS	145 S HWY. 17-92	3.3 STREET ADDRESS	150 S. HWY 17-92
CITY - ST - ZIP	DEBARY FL 32713	3.4 CITY - ST - ZIP	DEBARY, FL 32713
TITLE	T/D <input type="checkbox"/> DELETE	4.1 TITLE	THIRD VICE PRESIDENT VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWES, GREG	4.2 NAME	GEORGEANN GRASSO
STREET ADDRESS	150 S HWY. 17-92	4.3 STREET ADDRESS	116 S. HWY 17-92
CITY - ST - ZIP	DEBARY FL 32713	4.4 CITY - ST - ZIP	DEBARY, FL 32713
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	IMMEDIATE PAST PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIGGINS, SAMMIE	5.2 NAME	ROSEMARY O BENLAND D
STREET ADDRESS	111 S. ALABAMA AVE.	5.3 STREET ADDRESS	PO BOX 653 (N/A)
CITY - ST - ZIP	DELAND FL 32720	5.4 CITY - ST - ZIP	DEBARY, FL 32713
TITLE	A/AS <input type="checkbox"/> DELETE	6.1 TITLE	EXECUTIVE ADMINISTRATOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, KATHY	6.2 NAME	KATHY TAYLOR EA
STREET ADDRESS	133 HWY 17-92 SOUTH	6.3 STREET ADDRESS	133 S. HWY 17-92
CITY - ST - ZIP	DEBARY FL 32713	6.4 CITY - ST - ZIP	DEBARY, FL 32713

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0013057

CR2E037 (9/96)

EXECUTIVE ADMINISTRATOR 1/6/97 (407)668-4614