SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT 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 JUN 13 AM 10: 13

DOCUMENT # 738364 (9)

1. Corporation Name

GREATER ORANGE CITY AREA CHAMBER OF COMMERCE, IN C.

Principal Place of Business	Mailing Address
520 NORTH VOLUSIA AVENUE ORANGE CITY FL 32763	520 NORTH VOLUSIA AVENUE ORANGE CITY FL 32763

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/15/1977
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1662493 ☐ 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 ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Orange City Area Chambe	26 of Commerce
Suite, Apt. #, etc. 22 520 N. Volusia Ave.	Suite, Apt. #, etc. 27 520 N. Volusia Ave.
City & State 23 Orange City, FL	City & State 28 Orange City, FL
Zip / Country 24 32763 / 25 Volusia	Zip / Country 29 32763 / 30 Volusia

9. Name and Address of Current Registered Agent

CHURCH, BETTY
520 N. VOLUSIA AVE.
ORANGE CITY FL 32763

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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LEFILS, GREG, 165 S. OAK AVE. ORANGE CITY FL 32763	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PD DIEHL, CHARLENE 505 E. New York Ave, Ste. 8 DeLand, FL 32724	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VS DIEHL, CHARLENE, 505 E. NEW YORK AVE., STE. B DELAND FL 32724	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	1VS BARCZAK, CHERYL 2800 S. Hwy 17/92 P.O. Box 609 DeLand, FL 32721	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VD BARCZAK, CHERLY 2800 S. HWY 17/92 P.O. BOX 609 N/A DELAND FL 32721	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	2VD REID, ROY 1055 Saxon Boulevard Orange City, FL 32763	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED CHURCH, BETTY C 520 N. VOLUSIA AVE. ORANGE CITY FL 32763	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	ED Church, Betty C. 520 N. Volusia Ave. Orange City, FL 32763	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FINLEY, TERRY, 2530 ENTERPRISE ROAD ORANGE CITY FL 32724	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	TD Bevis, Marie P.O. Box 740278 Orange City, FL 32774-0278	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (3/95)

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: Betty C. Church Executive Dir. 6/5/95 904 775 2723
SIGNATURE AND TYPED OR PRINTED NAME OF BIONIC OFFICER OR DIRECTOR — Title — Daytime Phone #
BETTY C. CHURCH

000420