


FILE NOW: FILING FEE IS \$61.25

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Jan 22 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 # **738364** (9)

1. Corporation Name

**GREATER ORANGE CITY AREA CHAMBER OF COMMERCE, INC.**

Principal Place of Business

Mailing Address

GREATER ORANGE CITY AREA CHAMBERS OF COMM  
520 N VOLUSIA AVE  
ORANGE CITY FL 32763  
US

520 NORTH VOLUSIA AVENUE  
ORANGE CITY FL 32763

3. Date Incorporated or Qualified

**03/15/1977**

4. FEI Number

**59-1662493**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLGOOD, MATTHEW H  
520 N VOLUSIA AVE  
ORANGE CITY FL 32763

81 Name  
**Mick Heard**

82 Street Address (P.O. Box Number is Not Acceptable)  
**520 N. Volusia Ave.**

83 City

**Orange City**

**FL**

85 Zip Code  
**32763**

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

**1/9/98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input type="checkbox"/> DELETE
NAME	LYON, JAMES	
STREET ADDRESS	884 SAXON BLVD	
CITY-ST-ZIP	ORANGE CITY FL	

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rasch, R. Paul	
1.3 STREET ADDRESS	104 E. Michigan Ave.	
1.4 CITY-ST-ZIP	Lake Helen, FL 32744	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	HEARD, MICK	
STREET ADDRESS	2240 S VOLUSIA AVE	
CITY-ST-ZIP	DELAND FL	

2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Heard, Mick	
2.3 STREET ADDRESS	2240 S. Volusia Ave.	
2.4 CITY-ST-ZIP	Orange City, FL 32763	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	HEARD, MICK	
STREET ADDRESS	2240 S VOLUSIA AVE	
CITY-ST-ZIP	ORANGE CITY FL	

3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Swanto, Ruth	
3.3 STREET ADDRESS	674 Deltona Blvd.	
3.4 CITY-ST-ZIP	Deltona, FL 32725	

TITLE	ED	<input checked="" type="checkbox"/> DELETE
NAME	ALLGOOD, MATTHEW H	
STREET ADDRESS	520 N VOLUSIA AVE	
CITY-ST-ZIP	ORANGE CITY FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CASTOR, JUDI	
STREET ADDRESS	2530 ENTERPRISE RD	
CITY-ST-ZIP	ORANGE CITY FL	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> DELETE
NAME	PENDERGRASS, JERRY	
STREET ADDRESS	219 N VOLUSIA AVE	
CITY-ST-ZIP	ORANGE CITY FL	

6.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	O'Connor, Susan	
6.3 STREET ADDRESS	123 S. Industrial Dr. Ste. 104	
6.4 CITY-ST-ZIP	Orange City, FL 32763	

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: **Matthew H. Allgood**

**1/9/98 904 775-2781**

CR2E037 (10/97)