



**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

4/3

**FILED**  
**Jun 14, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90240 020 \*\*\*\*61.25

|   |   |  |  |
|---|---|--|--|
| <b>DOCUMENT # 740713</b>  |   |   |  |
| 1. Entity Name<br><b>BELLEVUE/SOUTH MARION CHAMBER OF COMMERCE, INC.</b>  |   | Principal Place of Business<br><b>5301 SE ABSHIER BLVD.<br/>BELLEVUE, FL 34420</b>   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br>Suite, Apt. #, etc.  |  |
| City & State  |   | City & State   |  |
| Zip   | Country   | Zip  | Country  |
| 6. Name and Address of Current Registered Agent<br><b>MCCOY, GLORIA<br/>12055 SE US HWY 441<br/>BELLEVUE, FL 34420</b>  |   | 7. Name and Address of New Registered Agent<br>Name <b>Gene Phinney</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>11800 S Hwy 441</b><br>City <b>Belleview</b> FL Zip Code <b>34420</b> |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   |   |  |  |
| SIGNATURE <i>[Signature]</i><br>Signature, typed or printed name of registered agent and title if applicable.   |   | DATE   |  |
| Filing Fee is <b>\$81.25</b><br>Due by <b>May 1, 2004</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees   |  |
| Make check payable to Florida Department of State   |   |  |  |
| 10. OFFICERS AND DIRECTORS  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>MCCOY, GLORIA<br>12055 SE US HWY 441<br>BELLEVUE, FL 34420 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Treasurer<br>Gene Phinney<br>11800 S Hwy 441<br>Belleview, FL 34420 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>HEARLSON, PEGGY<br>12301 SE US HWY 441<br>BELLEVUE, FL 34420 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Past President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>HIGGINBOTHAM, VIRGINIA<br>7105 SE 110 ST RD<br>BELLEVUE, FL 34420 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>HAYES, JEFF<br>5711 SE ABSHIER BLVD<br>BELLEVUE, FL 34420 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>FOX, BILL<br>5808 SE 113TH STREET<br>BELLEVUE, FL 34420 <input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Vice President<br>Melissa Cashenbery<br>10715 S US Hwy 441<br>Belleview, FL 34420 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | President<br>Jeff Stewart<br>12301 SE US Hwy 441, Suite A<br>Belleview, FL 34420 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |   |  |  |
| SIGNATURE: <i>[Signature]</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   | Date <b>4-27-04</b> Daytime Phone # <b>352-245-2178</b>  |  |

**66427840**  


01262004 Chg-NP CR2E037 (10/03)

4. FEI Number **59-1435255** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

SIGNATURE: *[Signature]* - Kelly Waldron, Exec. Director 4-27-04 352-245-2178