


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90010 023 ****70.00

DOCUMENT # 740713			
1. Entity Name BELLEVUE/SOUTH MARION CHAMBER OF COMMERCE, INC.			
Principal Place of Business 5301 SE ABSHIER BLVD. BELLEVUE FL 34420		Mailing Address 5301 SE ABSHIER BLVD. BELLEVUE FL 34420	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40013460



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent PHINNEY, GENE 11800 S HWY 441 BELLEVUE FL 34420				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
				Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PHIMEY, GENE	NAME			
STREET ADDRESS	11800 S HWY 441	STREET ADDRESS			
CITY-ST-ZIP	BELLEVUE FL 34420	CITY-ST-ZIP			
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HEARLSON, PEGGY	NAME			
STREET ADDRESS	12301 SE US HWY 441C	STREET ADDRESS			
CITY-ST-ZIP	BELLEVUE FL 34420	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HIGGINBOTHAM, VIRGINIA	NAME			
STREET ADDRESS	7105 SE 110 ST RD	STREET ADDRESS			
CITY-ST-ZIP	BELLEVUE FL 34420	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HAYES, JEFF	NAME			
STREET ADDRESS	5711 SE ABSHIER BLVD	STREET ADDRESS			
CITY-ST-ZIP	BELLEVUE FL 34420	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CASHENBERG, MELISSA	NAME	Melissa Cushenbery		
STREET ADDRESS	10715 S US HWY 441	STREET ADDRESS			
CITY-ST-ZIP	BELLEVUE FL 34420	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	STEWART, JEFF	NAME			
STREET ADDRESS	11800 S HWY 441	STREET ADDRESS			
CITY-ST-ZIP	BELLEVUE FL 34420	CITY-ST-ZIP			

12. 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 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: Virginia Higginbotham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____