## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 740713** 

FILED Jan 23, 2006 Secretary of State

Entity Name: BELLEVIEW/SOUTH MARION CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 5301 SE ABSHIER BLVD. BELLEVIEW, FL 34420 **Current Mailing Address: New Mailing Address:** 5301 SE ABSHIER BLVD BELLEVIEW, FL 34420 FEI Number: 59-1435255 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PHINNEY, GENE 11800 S HWY 441 BELLEVIEW, FL 34420 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition PHIMEY, GENE PHINNEY, GENE Name: Name: 11800 S HWY 441 Address: 11800 S HWY 441 Address: City-St-Zip: BELLEVIEW, FL 34420 City-St-Zip: BELLEVIEW, FL 34420 Title: () Delete Title: () Change () Addition HIGGINBOTHAM, VIRGINIA Name: Name: Address: 7105 SE 110 ST RD Address: City-St-Zip: BELLEVIEW, FL 34420 City-St-Zip: Title: () Delete Title: () Change () Addition HAYES, JEFF Name: Name: Address: 5711 SE ABSHIER BLVD Address: City-St-Zip: BELLEVIEW, FL 34420 City-St-Zip: Title: VΡ ( ) Delete Title: (X) Change ( ) Addition CUSHENBERY, MELISSA Name: Name: CHAFFIN, MARIAH 10306 S US HWY 441 Address: 10715 S US HWY 441 Address: City-St-Zip: BELLEVIEW, FL 34420 City-St-Zip: BELLEVIEW, FL 34420 Title: () Delete Title: (X) Change ( ) Addition STEWART, JEFF STEWART, JEFF Name: Name: 11800 S HWY 441 11800 S HWY 441 Address: Address: City-St-Zip: BELLEVIEW, FL 34420 City-St-Zip: BELLEVIEW, FL 34420 Title: () Delete Title: ( ) Change (X) Addition WOOSLEY, GENE Name: Name: Address: Address: 14523 SE 1ST AVE. ROAD SUMMERFIELD, FL 34491 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: E. EUGENE P 01/23/2006