


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90050 020 ****61.25

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1435255	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PHINNEY, GENE 11800 S HWY 441 BELLEVUE, FL 34420			Name Mariah Chaffin Street Address (P.O. Box Number is Not Acceptable) 10306 S HWY 441 City Belleview FL Zip Code 34420		
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>Mariah Chaffin</i>			Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		Date: 1/18/07
Filing Fee is \$61.25 Due by May 1, 2007		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHINNEY, GENE		NAME	Chaffin, Mariah	
STREET ADDRESS	11800 S HWY 441		STREET ADDRESS	10306 S US HWY 441	
CITY-ST-ZIP	BELLEVUE, FL 34420		CITY-ST-ZIP	Belleview, FL 34420	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGINBOTHAM, VIRGINIA		NAME	scroggie, Karrie	
STREET ADDRESS	7105 SE 110 ST RD		STREET ADDRESS	3021 NW 21st	
CITY-ST-ZIP	BELLEVUE, FL 34420		CITY-ST-ZIP	Ocala FL 34475	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, JEFF		NAME	Webster, Rene	
STREET ADDRESS	5711 SE ABSHIER BLVD		STREET ADDRESS	3629 SE 54th Ave	
CITY-ST-ZIP	BELLEVUE, FL 34420		CITY-ST-ZIP	Ocala FL 34471	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAFFIN, MARIAH		NAME	Landron, Karen	
STREET ADDRESS	10306 S US HWY 441		STREET ADDRESS	12301 S US HWY 441 #A	
CITY-ST-ZIP	BELLEVUE, FL 34420		CITY-ST-ZIP	Belleview, FL 34420	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, JEFF		NAME	Dunn, David	
STREET ADDRESS	11800 S HWY 441		STREET ADDRESS	10941 SE HWY 441	
CITY-ST-ZIP	BELLEVUE, FL 34420		CITY-ST-ZIP	Belleview, FL 34420	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOSLEY, GENE		NAME	Woosley, Gene	
STREET ADDRESS	14523 SE 1ST AVE. ROAD		STREET ADDRESS	14523 SE 1st Ave Rd.	
CITY-ST-ZIP	SUMMERFIELD, FL 34491		CITY-ST-ZIP	Summerville, FL 34491	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Mariah Chaffin</i>			Signature and typed or printed name of filing officer or director		Date: 1/18/07 Daytime Phone #: 352-572-8434

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