## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT #740713**

1. Entity Name



**FILED** Jan 14, 2008 8:00 am Secretary of State

BELLEVIEW/SOUTH MARION CHAMBER OF COMMERCE, INC.					01-14-2008 90	085 025 **	·**61.25		
Principal Place of Business 5301 SE ABSHIER BLVD. BELLEVIEW, FL 34420  Mailing Address 5301 SE ABSHIER BLVD. BELLEVIEW, FL 34420			).						
9 Original D	No BO Parit	O Maillean Address							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			UKU31 BE111   1001   1106   11	ili oluli oleli bisil		ILIMI MI ANDI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-NP	CR2E03	7 (12/06)		
City & State		City & State		4. FEI Numb 59-143			_ <del>  `</del>	oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired		8.75 Add	ditional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CHAFFIN,	MARIAH		Name						
10306 S HWY 441 BELLEVIEW, FL 34420			Street Address (P.O. Box Number is Not Acceptable)						
	•		City				Zip Cod	0	
						FL	<u> </u>		
	e named entity submits this statement tions of registered agent.	for the purpose of changing its i	registered office or r	registered agent, or bo	th, in the State of F	lorida. I am fa	amiliar with,	and accept	
	manial of	~ 1100						:	
SIGNATURE	Signature, typed or printed name of registered age	nt and timelif applicable. (NOTE	: Registered Agent signature	re required when reinstating)		DATE		<u> </u>	
Filing Fee is \$61.25 9. Election Camp  Due by May 1, 2008 Trust Fund Cor									
	<del>-</del>			\$5.00 May to Added to Fees	Je I	Make check rida Depart			
10.	Due by May 1, 2008  OFFICERS AND D	Trust Fund C	ontribution.	Added to Fees ADDITIONS/CH	Je I	rida Depart	ment of SI	tate I 10	
TITLE	OFFICERS AND D	Trust Fund C	11.	Added to Fees  ADDITIONS/CH	Flo	rida Depart	ment of St	tate	
	Due by May 1, 2008  OFFICERS AND D	Trust Fund C	11.	ADDITIONS/CH VP Clay Waldy 55/6 SE/	IANGES TO OFFICE	erida Depart	ment of SI	tate I 10	
TITLE NAME	P CHAFFIN, MARIAH 10306 S US HWY441 BELLEVIEW, FL 34420	Trust Fund C	11.	Added to Fees ADDITIONS/CH	IANGES TO OFFICE	erida Depart	ECTORS IN	I 10	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P CHAFFIN, MARIAH 10306 S US HWY441 BELLEVIEW, FL 34420 VP SCROGGIE, KARRIE 3021 NW 21ST OCALA, FL 34475	Trust Fund C	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees  ADDITIONS/CH  VP  Clay Waldy  55/6 SE/  Belleview  T  Pat Biel  11335 SE S  Belleview	Finances to official from 13 St. 1, FL 344	erida Depart	ECTORS IN	Addition	
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nereby 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: C

 $\mathcal{N}_{1}$ CU SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #