

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-14-2008 90085 025 \*\*\*\*61.25



**DOCUMENT # 740713**

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

Principal Place of Business  
**5301 SE ABSHIER BLVD.  
BELLEVIEW, FL 34420**

Mailing Address  
**5301 SE ABSHIER BLVD.  
BELLEVIEW, FL 34420**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-1435255**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CHAFFIN, MARIAH  
10306 S HWY 441  
BELLEVIEW, FL 34420**

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 *Mariah Chaffin*

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$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 type="checkbox"/> Delete            |
| NAME           | CHAFFIN, MARIAH       |  |
| STREET ADDRESS | 10306 S US HWY441     |  |
| CITY-ST-ZIP    | BELLEVIEW, FL 34420   |  |
| TITLE          | VP                    | <input checked="" type="checkbox"/> Delete |
| NAME           | SCROGGIE, KARRIE      |  |
| STREET ADDRESS | 3021 NW 21ST          |  |
| CITY-ST-ZIP    | OCALA, FL 34475       |  |
| TITLE          | T                     | <input checked="" type="checkbox"/> Delete |
| NAME           | WEBSTER, RENE         |  |
| STREET ADDRESS | 3629 SE 54TH AVE.     |  |
| CITY-ST-ZIP    | OCALA, FL 34471       |  |
| TITLE          | D                     | <input type="checkbox"/> Delete            |
| NAME           | LANDRON, KAREN        |  |
| STREET ADDRESS | 12301 S US HWY 441    |  |
| CITY-ST-ZIP    | BELLEVIEW, FL 34420   |  |
| TITLE          | D                     | <input checked="" type="checkbox"/> Delete |
| NAME           | DUNN, DAVID           |  |
| STREET ADDRESS | 10941 SE HWY 441      |  |
| CITY-ST-ZIP    | BELLEVIEW, FL 34420   |  |
| TITLE          | D                     | <input type="checkbox"/> Delete            |
| NAME           | WOOLSEY, GENE         |  |
| STREET ADDRESS | 14523 SE 1ST AVE. RD  |  |
| CITY-ST-ZIP    | SUMMERFIELD, FL 34491 |  |

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | VP                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Clay Waldron          |  |
| STREET ADDRESS | 5516 SE 113 ST.       |  |
| CITY-ST-ZIP    | Belleview, FL 34420   |  |
| TITLE          | T                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Pat Biel              |  |
| STREET ADDRESS | 11335 SE 54 AVE.      |  |
| CITY-ST-ZIP    | Belleview, FL 34420   |  |
| TITLE          | D                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Ann Baylis            |  |
| STREET ADDRESS | 6006 SE Abshier Blvd  |  |
| CITY-ST-ZIP    | Belleview, FL 34420   |  |
| TITLE          | D                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | J.P. Perry            |  |
| STREET ADDRESS | 5900 SE Abshier Blvd. |  |
| CITY-ST-ZIP    | Belleview, FL 34420   |  |
| TITLE          | D                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Dale Long             |  |
| STREET ADDRESS | 11787 S US Hwy 441    |  |
| CITY-ST-ZIP    | Belleview, FL 34420   |  |
| TITLE          | D                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Jan Hathaway          |  |
| STREET ADDRESS | 3231 SW 34th Av.      |  |
| CITY-ST-ZIP    | Ocala, FL 34474       |  |

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: *Mariah Chaffin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/08 352-245-2178

Date

Daytime Phone #