FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 15 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 743435 (0)

1. Corporation Name

LIBERTY COUNTY CHAMBER OF COMMERCE, INCORPORATED

Principal Place of Business	Mailing Address
HWY. 20 & CHURCH ST. (32321) P O BOX 526 BRISTOL FL 32321-7523	HWY. 20 & CHURCH ST. (32321) P O BOX 526 BRISTOL FL 32321-7523

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1978
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-2365517 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

SUMMERS, LESTER
CITY HALL
BRISTOL FL 32321

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] (Asst. Sec.) DATE: 2-8-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D ☐ Change XX Addition
NAME	PLUMMER, MARK	1.2 NAME	STOLTZFUS, TERRY
STREET ADDRESS	HWY, 20 P.O. BOX 596	1.3 STREET ADDRESS	P O BOX 516 RAMSEY CIRCLE
CITY-ST-ZIP	BRISTOL FL 32321	1.4 CITY-ST-ZIP	BRISTOL, FL 32321
TITLE	D	2.1 TITLE	D ☐ Change XX Addition
NAME	HIRES, JED	2.2 NAME	STRICKLAND, E.H.
STREET ADDRESS	HWY 20 & BAKER	2.3 STREET ADDRESS	P.O. BOX 98 303 MAIN ST
CITY-ST-ZIP	BRISTOL FL	2.4 CITY-ST-ZIP	BRISTOL, FL 32321
TITLE	VD	3.1 TITLE	D ☐ Change XX Addition
NAME	SUMNER, AMOS	3.2 NAME	MILLER, MANNING
STREET ADDRESS	RT 1 BOX 61	3.3 STREET ADDRESS	RT 1 BOX 6
CITY-ST-ZIP	HOSFORD FL	3.4 CITY-ST-ZIP	HOSFORD, FL 32334
TITLE	STD	4.1 TITLE	D ☐ Change XX Addition
NAME	SUMMERS, LESTER	4.2 NAME	ROBERTS,C.W.(CHUCK)III
STREET ADDRESS	501 MAIN ST	4.3 STREET ADDRESS	P.O. BOX 188 HWY 20 E
CITY-ST-ZIP	BRISTOL FL	4.4 CITY-ST-ZIP	HOSFORD, FL 32334
TITLE	D	5.1 TITLE	D ☐ Change XX Addition
NAME	SHULER, JOE	5.2 NAME	SHULER, O.B.
STREET ADDRESS	RT 1 BOX 51-C	5.3 STREET ADDRESS	P. O. BOX 85 HWY 20 E
CITY-ST-ZIP	HOSFORD FL	5.4 CITY-ST-ZIP	BRISTOL, FL 32321
TITLE	D	6.1 TITLE	D ☐ Change X Addition
NAME	REVELL, GORDON P	6.2 NAME	WAHQUIST, FARRELL
STREET ADDRESS	HWY 12 S POB 608	6.3 STREET ADDRESS	P. O. BOX 184 MICHAUX RD
CITY-ST-ZIP	BRISTOL FL	6.4 CITY-ST-ZIP	BRISTOL, FL 32321

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: [signature] 2/8/95 (904) 643-2442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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