## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

CITY-ST-ZIP

LAFAYETTE COUNTY CHAMBER OF COMMERCE, INC.

(8)

## **FILED** Jul 08 1998 8:00am Secretary of State

Principal Place	on of Dunings	Nation Address					
Principal Place of Business		Mailing Address					
COUNTY COURTHOUSE CORNER HWY 27 + 51 P.O.BOX 416 MAYO FL 32066		COUNTY COURTHOUSE CORNER HWY 27 + 51 P.O.BOX 416 MAYO FL 32066		3. Date Incorporated of 04/18/1980	r Qualified		
		MINTO TE OZOGO			4. FEI Number		Applied For
9 Delevisor f	Need of Dunings		<del></del> _		59-1998442		Not Applicable
2. Principal Place of Business		2e. Melling Address		5. Certificate of Status I	Desired 🔲	\$8.75 Additional	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign F	Financina	Fee Required	
22		27			Trust Fund Contribut		\$5.00 May Be, Added to Fees
City & State		City & State		7. Is this nonprofit corp	oration a homeown		
23		28			☐ Yes	□ No	
Zip Country		Zip Country		8. This corporation owe			
24	25 25 Q. Name and Address of Currer	29	[30]		Personal Property Ta		Yes No
****	e, name and Address of Conte	it noglaterad Agent	81	Name	10. Name and Address	or New Hegistered	Agent
THOMA	S, WAYMON						
	R OF BLOXHAM & FLETCHER S	r	82	Street	dress (P.O. Box Number is No	ot Acceptable)	
	FL 32066		83			<del></del>	
			84	City			85 Zip Code
11. Pursuant	to the provisions of Sections 617.050 registered agent, or both, in the State	2 and 617.1508, Florida Statu	ites, the abov	e-named	progration submits this stateme	ent for the purpose	of changing its registered
office or i	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was ations of Section 617 0503. F	authorized b	y the cor	ation's board of directors. I he	reby accept the ap	pointment as registered
SIGNATURE			ionod otatate				
	Signature, typed or printed name of registered age		TE: Registered Ag	ent signature	puired when reinstating)	DATE	
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES	S TO OFFICERS AN	
TITLE	PD Hunt, Mark	<b>₩</b> DELETE	1.1 TITLE		PDmile		☐ Change ☑ Addition
NAME	RT 2 BOX 68 N/A		1.2 NAME		oon, mike		
STREET ADDRESS	MAYO FL		1	T ADDRESS	ta'	1	
CITY-ST-ZIP TITLE	VP	☐ DELET <b>E</b>	1.4 CiTY-	ST-ZIP	0AYD, FL. 3206	6	De la companya di Angelo
NAME	KOON, PAT	☐ DETENE	2.1 TITLE		Doct		Change Addition
STREET ADDRESS	RT 2 BOX 65		2.2 NAME		ODN PAT Sta Box 65		
	MAYO FL 32066			T ADDRESS		20 01 /	
CITY-ST-ZIP TITLE	T 32000	<b>⊠</b> DELETE	2. 4 CITY- 3.1 TITLE	ST-ZIP	nayo, FL.	32066	☐ Change ☑ Addition
NAME	COOK, GREG	E3 occure	3.2 NAME		m blood m	Argaret	Citatine (VI Villagia)
STREET ADDRESS	RT 3 BOX 203			ADDRESS	ALICKWARD		
CITY-ST-ZIP	MAYO FL 32066		3.4. CITY-		NAVA CL 20	2066	
TITLE		DELETE	4.1 TITLE	51- ZIF	NAYO, FL. 36	1066	Change Addition
NAME			4. 2 NAME				E outride Distriction
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S				
TITLE		DELETE	5.1 TITLE	. 611			Change Addition
NAME			5.2 NAME				9/1
STREET ADDRESS	_		5.3 STREET	ADDRESS			12.8
CITY-ST-ZIP			5.4 CITY-S				177
TITLE		☐ DELETE	6.1 TITLE				☐ Change ☐ Addition
NAME			6.2 NAME				
STREET ADDRESS	3		6.3 STREET	ADDRESS			_

6.4 CITY - ST - ZIP 14. I hereby certify that the information supplied with this filing 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.