
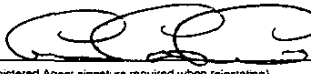
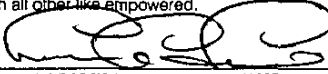


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90014 032 ****70.00

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|--|---|--|--|--|--|
| DOCUMENT # 754509 1. Entity Name DUNNELLON AREA CHAMBER OF COMMERCE, INC. | | | |  | |
| Principal Place of Business 20500 E PENNSYLVANIA AVE DUNNELLON, FL 34430 US | | | Mailing Address PO BOX 868 DUNNELLON, FL 34430-0868 US | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip | | City & State Zip | | 4. FEI Number 59-0686769 Applied For <input type="checkbox"/> Not Applicable | |
| Country | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent VERITY, DON 9754 SW 188 TERRACE DUNNELLON, FL 34431 | | | | 7. Name and Address of New Registered Agent Name Lanse K. Fero Street Address (P.O. Box Number is Not Acceptable) 20497 E. Pennsylvania Avenue City Dunnellon FL 34432 | |
| 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 Lanse K. Fero, President  Pres. 02/20/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| 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 NAME STREET ADDRESS CITY-ST-ZIP | V DOBBS, ANNABELLE D.C. 2284 W GRAGPEVINE CT DUNNELLON, FL 34433 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Joyce Bergeron 21890 SW 80TH PL Rd Dunnellon, FL 34431 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V KEELE, JANE 2076 RIVER DRIVE DUNNELLON, FL 34431 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Linda Bennett 20372 E. Pennsylvania Avenue Dunnellon, FL 34432 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS BERGERON, JOYCE 21890 SW 80TH PL RD DUNNELLON, FL 34431 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Shalyn Barker 20413 W. Pennsylvania Avenue Dunnellon, FL 34431 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PE FERO, LANSE 20497 E PENN. AVE DUNNELLON, FL 34432 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PE Jerry Vaughn 20359 E Pennsylvania Ave Dunnellon, FL 34432 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S STANLEY, CHERYL 20079 E. PENN AVE. DUNNELLON, FL 34432 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS Don Verity 9754 SW 188 Terrace Dunnellon, FL 34431 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PALMER, LISA 21271 WHWY 40TH LOT 11 DUNNELLON, FL 34431 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: Lanse K. Fero  Pres. 02/20/07 352-212-4994 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

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02142007 Chg-NP CR2E037 (12/06)