

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761976

FILED
Jan 16, 2009
Secretary of State

Entity Name: SUMTER COUNTY CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

102 N. HWY. 470
LAKE PANASOFFKEE, FL 33538

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 100
SUMTERVILLE, FL 33585

New Mailing Address:

FEI Number: 59-2745338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARR, LEE A ED
102 N. HWY. 470
LAKE PANASOFFKEE, FL 33538 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BENDA, ANDREA
Address: 1425 S. US HWY 301
City-St-Zip: SUMTERVILLE, FL 22585

Title: VP () Delete
Name: STATON, TANGIE
Address: 3430 SOUTHERN TRACE
City-St-Zip: THE VILLAGES, FL 32162

Title: S () Delete
Name: MCNEILL, KAREN
Address: 13940 N. US HWY 441 BLDG. 600
City-St-Zip: LADY LAKE, FL 32189

Title: T () Delete
Name: HUNT, BOB
Address: 5604 HERITAGE BLVD
City-St-Zip: WILDWOOD, FL 34785

Title: PP () Delete
Name: CONNELL, MARILYN
Address: 453 CR 489
City-St-Zip: LAKE PANASOFFKEE, FL 33538

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PP (X) Change () Addition
Name: BENDA, ANDREA
Address: 1425 S. US HWY 301
City-St-Zip: SUMTERVILLE, FL 22585

Title: P (X) Change () Addition
Name: STATON, TANGIE
Address: 3430 SOUTHERN TRACE
City-St-Zip: THE VILLAGES, FL 32162

Title: S (X) Change () Addition
Name: HIBBARD, BROOKE
Address: 6930 GALL BLVD.
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CARY, DAWN
Address: 850 S. MAIN STREET
City-St-Zip: WILDWOOD, FL 34785 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEE ANN CARR

ED

01/16/2009

Electronic Signature of Signing Officer or Director

Date