FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **764743** **(1)**

1. Corporation Name

LAKE WEIR CHAMBER OF COMMERCE

Principal Place of Business	Mailing Address
COUNTY HWY 25 PO BOX 817 P.O. BOX 817 OKLAWAHA FL 32179	COUNTY HWY 25 PO BOX 817 P.O. BOX 817 OKLAWAHA FL 32179

3. Date Incorporated or Qualified: 08/30/1982
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22: / 27:
City & State — 23: / 28:
Zip — 24: / 29:
Country — 25: / 30:

4. FEI Number: 59-0896892 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BERGIN, PATRICIA
15062 SE 103RD ST RD
OCKLAWAHA FL 32179

10. Name and Address of New Registered Agent

81 Name: SMITH, THOMAS (TOMY)
82 Street Address (P.O. Box Number is Not Acceptable): 12063 SE 133rd Terrace
83:
84 City: OCKLAWAHA **FL** 85 Zip Code: 32179

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] THOMAS (TOMY) SMITH 4-29-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	MILLER, DOROTHY		1.2 NAME	KOHL, KEITH W.	
STREET ADDRESS	RT 3 BOX 56		1.3 STREET ADDRESS	1 BAHIA PLACE LOOP	
CITY-ST-ZIP	OCKLAWAHA FL 32179		1.4 CITY-ST-ZIP	OCALA, FL 34472	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	KOHL, LOIS		2.2 NAME	LITTLE, CHARLES WILLIAM	
STREET ADDRESS	1 BAHIA PL LOOP		2.3 STREET ADDRESS	3 OCALA WAY	
CITY-ST-ZIP	OCALA FL 34472		2.4 CITY-ST-ZIP	SUMMERFIELD, FL 34491	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	JOHNSON, MARY		3.2 NAME	KOHL, CATHERINE LOIS	
STREET ADDRESS	11689 SE 141ST TERR		3.3 STREET ADDRESS	1 BAHIA PLACE LOOP	
CITY-ST-ZIP	OCKLAWAHA FL 32179		3.4 CITY-ST-ZIP	OCALA, FL 34472	
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	BERGIN, PATRICIA		4.2 NAME	SMITH, THOMAS	
STREET ADDRESS	15062 SE 103RD ST RD		4.3 STREET ADDRESS	12063 SE 133rd. TERRACE	
CITY-ST-ZIP	OCKLAWAHA FL 32179		4.4 CITY-ST-ZIP	OCKLAWAHA, FL 32179	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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: Catherine Lois Kohl CATHERINE LOIS KOHL 4-29-96 352/732/6996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #