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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 P.O. BOX 817 OKLAWAHA FL 32179	PO BOX 817	COUNTY HWY 25 P.O. BOX 817 OKLAWAHA FL 32183-0817	PO BOX 817

3. Date Incorporated or Qualified: 08/30/1982
3a. Date of Last Report: 05/01/1996

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

SMITH, THOMAS
12063 SE 133RD TERRACE
OCKLAWAHA FL 32179

10. Name and Address of New Registered Agent

81 Name: Lois Howell
82 Street Address (P.O. Box Number is Not Acceptable): 13470 E Hwy 25
83
84 City: OCKLAWAHA FL 85 Zip Code: 32179-1426

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: Lois Howell — Lois Howell — 4/21/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KOHL, KEITH W		1.2 NAME		
STREET ADDRESS	1 BAHIA PL LOOP		1.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LITTLE, CHARLES W		2.2 NAME		
STREET ADDRESS	3 OCALA WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	SUMMERFIELD FL		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	KOHL, CATHERINE L		3.2 NAME	Lois Howell	
STREET ADDRESS	1 BAHIA PL LOOP		3.3 STREET ADDRESS	13470 E Hwy 25	
CITY-ST-ZIP	OCALA FL		3.4 CITY-ST-ZIP	OCKLAWAHA, FL 32179-1426	
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	SMITH, THOMAS		4.2 NAME	Evelyn Mathews	
STREET ADDRESS	12063 SE 133RD TERR		4.3 STREET ADDRESS	10801 SE 110th Street Rd	
CITY-ST-ZIP	OCKLAWAHA FL		4.4 CITY-ST-ZIP	Candler, FL 32111-0093	
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 (9/96)

14. I do 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.

SIGNATURE: Lois Howell Lois Howell, Secretary 4-21-97 352/288-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0003787