FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State
04-19-1999 90120 050 ****61.25

DOCUMENT # 764743

1. Corporation Name
LAKE WEIR CHAMBER OF COMMERCE

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/30/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0896892 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CONNOR, LOIS
13470 E. HWY 25
OCKLAWAHA FL 32179

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	~~LIKLE~~, BILL LI TTLE		1.2 NAME		
STREET ADDRESS	3 OCALE WAY SE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SUMMERFIELD FL 34491		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	AYOTTE, ERNIE		2.2 NAME		
STREET ADDRESS	12130 SE 139TH AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	OCKLAWAHALA FL 32179		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE	SD Young, Trudy	☐ Change ☒ Addition
NAME	CONNOR, LOIS		3.2 NAME	PO Box 7301	
STREET ADDRESS	13470 E. HWY. 25		3.3 STREET ADDRESS		
CITY-ST-ZIP	OCKLAWAHA FL 32179		3.4 CITY-ST-ZIP	Ocklawaha Fl 32183	
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	MATHEWS, EVELYN		4.2 NAME	BUCHANAN, James	
STREET ADDRESS	10801 S.E. 110TH STREET RD.		4.3 STREET ADDRESS	PO Box 1643	
CITY-ST-ZIP	CANDLER FL		4.4 CITY-ST-ZIP	Ocklawaha, Fl 32183	
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 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Trudy A. Young 4/12/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #