FILED
May 12, 2004 8:00 am
Secretary of State
05-12-2004 90204 038 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 764743

1. Entity Name
LAKE WEIR CHAMBER OF COMMERCE

24074733

Principal Place of Business	Mailing Address
COUNTY HWY 25 PO BOX 817 13125 SE CR-25 OKLAWAHA, FL 32179	COUNTY HWY 25 PO BOX 817 P.O. BOX 817 OKLAWAHA, FL 32183

05052004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
	13125 SE Hwy C-25
Suite, Apt. #, etc.	Suite, Apt. #, etc. 13125 SE Hwy C-25
City & State	City & State Ocklawaha, Fl
Zip / Country	Zip 32179 / Country Marion

4. FEI Number 59-0896892 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AYOTTE, ERNEST PO BOX 965 13125 SE HWY C-25 OCKLAWAHA, FL 32183	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P LITTLE, BILL 3 OCALE WAY SE SUMMERFIELD, FL 34491	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Richard Lillie 909 Se 143th St Summerfield Fl. 34491	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT AYOTTE, ERNIE 12130 SE 139TH AVE. OCKLAWAHALA, FL 32179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WILTON, SUSAN 1968 SE 161 TERRACE OCKLAWAHA, FL 32183	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Mary Johnson PO Box 264 Ocklawaha Fl 32183	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE Mathew Bennett 16374 NE 13th Pl Silver Springs Fl 34488	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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: _____ May 1, 04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #