2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005
Secretary of State

DOCUMENT# 764743

Entity Name: LAKE WEIR CHAMBER OF COMMERCE

Current Principal Place of Business:

COUNTY HWY 25 PO BOX 817
13125 SE CR-25
OKLAWAHA, FL 32179

New Principal Place of Business:

Current Mailing Address:

13125 SE CR-25
OCKLAWAHA, FL 32179

New Mailing Address:

FEI Number: 59-0896892 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AYOTTE, ERNEST
PO BOX 965
13125 SE HWY C-25
OCKLAWAHA, FL 32183 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: LITTLE, RICHARD
Address: 909 SE 143TH ST
City-St-Zip: SUMMERFIELD, FL 34491

Title: PT ( ) Delete
Name: AYOTTE, ERNIE
Address: 12130 SE 139TH AVE.
City-St-Zip: OCKLAWAHALA, FL 32179

Title: S ( ) Delete
Name: JOHNSON, MARY
Address: PO BOX 264
City-St-Zip: OCKLAWAHA, FL 32183

Title: PE ( ) Delete
Name: BENNETT, MATHEW
Address: 16374 NE 13TH PL
City-St-Zip: SILVER SPRINGS, FL 34488

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LILLIE, RICHARD
Address: 909 SE 155 ST
City-St-Zip: SUMMERFIELD, FL 34491

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ERNEST AYOTTE TRES 01/11/2005

Electronic Signature of Signing Officer or Director — Date