

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90019 016 \*\*\*\*61.25

<b>DOCUMENT # 767325</b> 1. Entity Name <b>GREATER CHIEFLAND AREA CHAMBER OF COMMERCE, INC.</b>					
Principal Place of Business <b>23 SE 2ND AVE CHIEFLAND, FL 32626 US</b>			Mailing Address <b>PO,BOX 1397 CHIEFLAND, FL 32644 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2458568</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BEAUCHAMP, ROBERT 105 E PARK AVE CHIEFLAND, FL 32626</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WILLIAMS, BOB 4 W. PARK AVE CHIEFLAND, FL 32626</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BROOKINS, PAIGE S 6150 NW 112TH LANE CHIEFLAND, FL 32626</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S PATTERSON, BENNITT DR 2220 N. YOUNG BLVD. CHIEFLAND, FL 32626</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T REED, CHRISTIE 803 N. MAIN STREET CHIEFLAND, FL 32626</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BOWEN, DALE 624 W. PARK AVE. CHIEFLAND, FL 32626</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GEORGE, DENNY 729 E. WADE STREET TRENTON, FL 32693</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>3-17-08</b> <b>352-493-1849</b> <small>Date Daytime Phone #</small>		

40048202



03042008 Chg-NP CR2E037 (12/06)

Please see the attached page.

ATTACHMENT 40048202

# 767325

Attachment to: 2008 Not-For-Profit Corporation Annual Report

The Greater Chiefland Area Chamber of Commerce, Inc.  
FEI 59-2458568  
2008 Officers and Directors

P  
Paige Brookins  
6150 NW 112 Lane  
Chiefland, Florida 32626

VP  
Ben Lott  
1627 North Young Blvd  
Chiefland, Florida 32626

S  
Janet Minor  
23 SE 2nd Avenue  
Chiefland, FL 32626

T  
Prentice Spann  
16051 NW 30<sup>th</sup> Avenue  
Trenton, Florida 32693

D  
Rob Alexander  
1604 North Young Blvd  
Chiefland, FL 32626

D  
Dale Bowen  
624 West Park Avenue  
Chiefland, Florida 32626

D  
Barbara Edmonds  
916 North Young Blvd  
Chiefland, Florida 32626

D  
Denny George  
729 East Wade Street  
Trenton, Florida 32693

D  
Dr. Bennitt Patterson  
2220 North Young Blvd.  
Chiefland, Florida 32626

D  
Christie Reed  
15 NW 1 Avenue  
Chiefland, Florida 32626

D  
David Renaud  
12388 NW Highway 19  
Chiefland, FL 32626

D  
Deborah Richardson  
1003 NW 22 Avenue  
Chiefland, Florida 32626

D  
Bob Williams  
4 West Park Avenue  
Chiefland, Florida 32626