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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 11:18

DOCUMENT # 770029 (7)

1. Corporation Name
UNION COUNTY CHAMBER OF COMMERCE, INCORPORATED

Principal Place of Business	Mailing Address
175 W MAIN ST P.O. BOX 797 LAKE BUTLER FL 32054	175 W MAIN ST P.O. BOX 797 LAKE BUTLER FL 32054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/29/1983
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-6000351 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BEARDEN, MIKE M
RTE 2 BOX 130
LAKE BUTLER FL 32054

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 607.0502 and 607.1508, 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 607.0505, 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	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	DRIGGERS, CASSIE	1.2 NAME	Blair Roberts
STREET ADDRESS	235 NE 9 AVE	1.3 STREET ADDRESS	194 NE 8 Ave.
CITY-ST-ZIP	LAKE BUTLER FL	1.4 CITY-ST-ZIP	Lake Butler, FL 32054
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	MAINES, HARRIET	2.2 NAME	
STREET ADDRESS	25 E MAIN ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUTLER FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	LIVINGSTON, GAIL	3.2 NAME	
STREET ADDRESS	RT 3, BOX 1576K	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUTLER FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	D ☒ Change ☐ Addition
NAME	EDSON, JIM	4.2 NAME	Wilsun Rivers
STREET ADDRESS	RTE 2 BOX 121	4.3 STREET ADDRESS	Rt 4 Box 3054
CITY-ST-ZIP	ALACHUA FL	4.4 CITY-ST-ZIP	Lake Butler, FL 32054
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	BIRD, VIRGINIA	5.2 NAME	
STREET ADDRESS	175 W MAIN ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUTLER FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BEARDEN, MIKE	6.2 NAME	
STREET ADDRESS	RT 2 BOX 130	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUTLER FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Virginia K. Bird, Treasurer 2/2/95 904/496-3432
SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR — Date — Daytime Phone #
Virginia K. Bird

0022187