

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **770029** (7)
1. Corporation Name
UNION COUNTY CHAMBER OF COMMERCE, INCORPORATED



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

Mailing Address
**175 W MAIN ST
P.O. BOX 797
LAKE BUTLER FL 32054**

3. Date Incorporated or Qualified
08/29/1983

3a. Date of Last Report
02/09/1995

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-6000351	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

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)	RT 4 Box 2636
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, BLAIR	1.2 NAME	
STREET ADDRESS	194 NE 8 AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUTLER FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAINES, HARRIET	2.2 NAME	Dave Carr
STREET ADDRESS	25 E MAIN ST	2.3 STREET ADDRESS	521 SW 13 St
CITY-ST-ZIP	LAKE BUTLER FL	2.4 CITY-ST-ZIP	Lake Butler, FL 32054
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVINGSTON, GAIL	3.2 NAME	Cynthia Wamsley
STREET ADDRESS	RT 3, BOX 1576K	3.3 STREET ADDRESS	850 E Main St
CITY-ST-ZIP	LAKE BUTLER FL	3.4 CITY-ST-ZIP	Lake Butler, FL 32054
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERS, WILSON	4.2 NAME	
STREET ADDRESS	RT. 4 BOX 3054	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUTLER FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEARDEN, MIKE	6.2 NAME	
STREET ADDRESS	RT 2 BOX 130	6.3 STREET ADDRESS	RT 4 Box 2636
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)(k), 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, changed, or on an attachment with an address.

SIGNATURE: *Virginia K. Bird*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96 904/496-3624
Date Daytime Phone #

CR2E037 (12/95)