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Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32054-0797**



3. Date Incorporated or Qualified
08/29/1983

3a. Date of Last Report
02/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

Country

29 Zip

Country

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**BEARDEN, MIKE M
ROUTE 4 BOX 2636
LAKE BUTLER FL 32054**

10. Name and Address of New Registered Agent

81 Name **Harriett Maines**
82 Street Address (P.O. Box Number is Not Acceptable)
25 E. Main St
83
84 City **Lake Butler** FL 85 Zip Code **32054**

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 **Harriett Maines**

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

(NOTE: Registered Agent signature required when reinstating)

3/12/97

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTS, BLAIR	
STREET ADDRESS	194 NE 8 AVE.	
CITY-ST-ZIP	LAKE BUTLER FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CARR, DAVE	
STREET ADDRESS	521 SW 13 ST	
CITY-ST-ZIP	LAKE BUTLER FL	
TITLE	S/O	<input type="checkbox"/> DELETE
NAME	WAMSLEY, CYNTHIA	
STREET ADDRESS	850 E MAIN STREET	
CITY-ST-ZIP	LAKE BUTLER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RIVERS, WILSON	
STREET ADDRESS	RT. 4 BOX 3054	
CITY-ST-ZIP	LAKE BUTLER FL	
TITLE	T/O	<input type="checkbox"/> DELETE
NAME	BIRD, VIRGINIA	
STREET ADDRESS	175 W MAIN ST	
CITY-ST-ZIP	LAKE BUTLER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BEARDEN, MIKE	
STREET ADDRESS	ROUTE 4 BOX 2636	
CITY-ST-ZIP	LAKE BUTLER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Richard Tillis	
1.3 STREET ADDRESS	125 E. Main St	
1.4 CITY-ST-ZIP	Lake Butler, FL 32054	
2.1 TITLE	Vice President/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Harriett Maines	
2.3 STREET ADDRESS	25 E. Main St	
2.4 CITY-ST-ZIP	Lake Butler, FL 32054	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Dave Meausker/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RT 2 Box 125	
4.3 STREET ADDRESS	Lake Butler, FL 32054	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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** **2/17/97** **496-3624**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000581

CR2E037 (9/96)