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Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified
08/29/1983

4. FEI Number 59-6000351	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 25	Zip 29
	Country 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAINES, HARRIETT
25 E MAIN ST
LAKE BUTLER FL 32054**

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 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		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TILLIS, RICHARD	
STREET ADDRESS	125 E MAIN ST	
CITY-ST-ZIP	LAKE BUTLER FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MAINES, HARRIETT	
STREET ADDRESS	25 E MAIN ST	
CITY-ST-ZIP	LAKE BUTLER FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WAMSLEY, CYNTHIA	
STREET ADDRESS	850 E MAIN STREET	
CITY-ST-ZIP	LAKE BUTLER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MECUSKER, DAVE	
STREET ADDRESS	RT 2 BOX 125	
CITY-ST-ZIP	LAKE BUTLER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BIRD, VIRGINIA	
STREET ADDRESS	175 W MAIN ST	
CITY-ST-ZIP	LAKE BUTLER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mecusker, Dave	
3.3 STREET ADDRESS	Rt.2 Box 125	
3.4 CITY-ST-ZIP	Lake Butler, FL 32054	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jones, Robin	
4.3 STREET ADDRESS	175 W. Main Street	
4.4 CITY-ST-ZIP	Lake Butler, FL 32054	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Bird, Virginia	
5.3 STREET ADDRESS	103 N. Lake Ave.	
5.4 CITY-ST-ZIP	Lake Butler, FL 32054	
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 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: *Robin Jones* **Robin Jones**

March 10, 1998 (904)496-3432

CR2E037 (10/97)