

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000007467

1. Entity Name
GREATER BRONSON AREA CHAMBER OF COMMERCE, INC.



Principal Place of Business
6851 NE CR 337
BRONSON, FL 32621

Mailing Address
PO BOX 267
BRONSON, FL 32621

2. Principal Place of Business - No P.O. Box #
810 E. Thrasher

3. Mailing Address
PO Box 616

City & State
Bronson FL

City & State
Bronson FL

Zip
32621

Country
USA

Zip
32621

Country
USA

6. Name and Address of Current Registered Agent
LEVESQUE, ROBERT
6851 NE CR 337
BRONSON, FL 32621

7. Name and Address of New Registered Agent
Name
Heidi Samec
Street Address (If different from above, it is Not Acceptable)
810 E. Thrasher Dr
PO Box 616
City
Bronson FL Zip Code
32621

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 Heidi Samec Heidi Samec 1-30-09
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEVESQUE, ROBERT 6851 NE CR 337 BRONSON, FL 32621 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700142712447 02/03/09-01016-021 **131.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BECK, JAMES 736 E HATHAWAY AVE BRONSON, FL 32621 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition \$32/4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOTH-ERNISSEE, TERRI 310 MAIN AVENUE BRONSON, FL 32621 <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	T SHEA, EDWARD 810 NE 12TH AVE TRENTON, FL 32693 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Heidi Samec 810 E. Thrasher Dr. Bronson, FL 32621
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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.

SIGNATURE Heidi Samec 1-30-09 352-486-0063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
09 FEB -3 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

