FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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 APR 10 PM 12:25

DOCUMENT # N10322 (8)

1. Corporation Name
WILLISTON AREA CHAMBER OF COMMERCE, INC.

Principal Place of Business	Mailing Address
50 N.W. MAIN STREET P.O. BOX 369 WILLISTON FL 32696-2043	50 N.W. MAIN STREET P.O. BOX 369 WILLISTON FL 32696-2043

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1985
3a. Date of Last Report: 07/14/1994
4. FEI Number: 59-2570520 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21: 19 NE 1st St.	2a. Mailing Address 26: PO Box 369
Suite, Apt. #, etc. 22: Williston, FL	Suite, Apt. #, etc. 27: 19 NE 1st St
City & State 23:	City & State 28: Williston, FL
Zip 24: 32696 Country 25:	Zip 29: 32696 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. 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GATCHELL, PHILLES 142 W. NOBLE AVE. WILLISTON FL 32696	61 Name 62 Street Address (P.O. Box Number is Not Acceptable) 63 64 City FL 65 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	11 TITLE	Director	☒ Change ☐ Addition
NAME	BYRD, JOHN	12 NAME	John Byrd	
STREET ADDRESS	125 SW 7TH ST.	13 STREET ADDRESS	125 SW 7th St	
CITY-ST-ZIP	WILLISTON FL	14 CITY-ST-ZIP	Williston, FL	
TITLE	SD	21 TITLE	Director	☒ Change ☐ Addition
NAME	GATCHELL, PHILLES	22 NAME	Philles Gatchell	
STREET ADDRESS	142 W. NOBLE AVE.	23 STREET ADDRESS	142 W Noble Ave	
CITY-ST-ZIP	WILLISTON FL	24 CITY-ST-ZIP	Williston, FL	
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	CASON, JAMES W.	32 NAME	→ SAME	
STREET ADDRESS	342 E. NOBLE AVE.	33 STREET ADDRESS		
CITY-ST-ZIP	WILLISTON FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	D	☐ Change ☒ Addition
NAME	BULLOCK, WADE	42 NAME	Mike Doerr	
STREET ADDRESS	505 SW 7TH ST.	43 STREET ADDRESS	15½ SW 7th Ave	
CITY-ST-ZIP	WILLISTON FL	44 CITY-ST-ZIP	Williston, FL	
TITLE	CD	51 TITLE	SD	☐ Change ☒ Addition
NAME	ECKER, TERRI	52 NAME	Mary Rich	
STREET ADDRESS	P. O. BOX 469 N/A	53 STREET ADDRESS	W. Noble Ave	
CITY-ST-ZIP	WILLISTON FL	54 CITY-ST-ZIP	Williston, FL	
TITLE	ED	61 TITLE	PD	☐ Change ☒ Addition
NAME	ECKER, TERRI	62 NAME	Debra Jones	
STREET ADDRESS	P O BOX 369/NA	63 STREET ADDRESS	SW 7th St	
CITY-ST-ZIP	WILLISTON FL	64 CITY-ST-ZIP	Williston, FL	

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: _____ James W. Cason, Jr 3/20/95 904-528-3101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #