

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N10322 (8)
1. Corporation Name
WILLISTON AREA CHAMBER OF COMMERCE, INC.



Principal Place of Business
19 NE 1ST STREET
P.O. BOX 369
WILLISTON FL 32696-2043
US

Mailing Address
P O BOX 369
19 NE 1ST ST.
WILLISTON FL 32696-2043
US

3. Date Incorporated or Qualified
07/19/1985

3a. Date of Last Report
04/10/1995

4. FEI Number
59-2570520

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

GACHELL, PHILLES
142 W. NOBLE AVE.
WILLISTON FL 32696

10. Name and Address of New Registered Agent

81 Name
SHARON C. BRANNAN, CPA

82 Street Address (P.O. Box Number is Not Acceptable)
116 NE 6TH AVENUE

83

84 City
WILLISTON

85 Zip Code
FL 32696

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

Sharon C. Brannan

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

(NOTE: Registered Agent signature required when reinstating)

6/19/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	D BYRD, JOHN	125 SW 7TH ST.	WILLISTON FL	<input checked="" type="checkbox"/>
	D GACHELL, PHILLES	142 W. NOBLE AVE.	WILLISTON FL	<input checked="" type="checkbox"/>
	TD CASON, JAMES W.	342 E. NOBLE AVE.	WILLISTON FL	<input type="checkbox"/>
	D BULLOCK, WADE	505 SW 7TH ST.	WILLISTON FL	<input checked="" type="checkbox"/>
	CD ECKER, TERRI	P. O. BOX 469 N/A	WILLISTON FL	<input checked="" type="checkbox"/>
	ED ECKER, TERRI	P O BOX 369/NA	WILLISTON FL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
PRES/DIR	SKIPPER HAMMOND	28 NW 1ST AVE	WILLISTON, FL 32696	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S/D	MARY RICH	615 W. NOBLE AVE	WILLISTON, FL 32696	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP/D				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T/D	SHARON BRANNAN	116 NE 6TH AVE	WILLISTON, FL 32696	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 if changed, or on an attachment with an address.

SIGNATURE:

Sharon C. Brannan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/96

DATE

(352) 528-6558

DAYTIME PHONE #

CR2E037 (3/96)