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Feb 04 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

Mailing Address

~~10 NE 1ST STREET~~  
P.O. BOX 369  
WILLISTON FL 32696-2043  
USP O BOX 369  
19 NE 1ST ST.  
WILLISTON FL 32696-2152  
US3. Date Incorporated or Qualified  
07/19/19853a. Date of Last Report  
06/21/1996

2. Principal Place of Business

2a. Mailing Address

21 444 NW MAIN STREET

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

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30

4. FEI Number  
59-2570520Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. 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

BRANNAN, SHARON C C  
116 NW 6TH AVENUE  
WILLISTON FL 32696

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME HAMMOND, SKIPPER  
STREET ADDRESS 28 NW 1ST AVENUE  
CITY-ST-ZIP WILLISTON FL  
☒ DELETETITLE SD  
NAME RICH, MARY  
STREET ADDRESS 615 W NOBLE AVE  
CITY-ST-ZIP WILLISTON FL  
☒ DELETETITLE ~~TD~~ PD  
NAME CASON, JAMES W.  
STREET ADDRESS 342 E. NOBLE AVE.  
CITY-ST-ZIP WILLISTON FL  
☐ DELETETITLE VPD  
NAME BULLOCK, WADE  
STREET ADDRESS 505 SW 7TH ST.  
CITY-ST-ZIP WILLISTON FL  
☒ DELETETITLE TD  
NAME BRANNAN, SHARON  
STREET ADDRESS 116 NE 6TH AVENUE  
CITY-ST-ZIP WILLISTON FL  
☐ DELETETITLE ED  
NAME ECKER, TERRI  
STREET ADDRESS P O BOX 369/NA  
CITY-ST-ZIP WILLISTON FL  
☒ DELETE1.1 TITLE SD  
1.2 NAME FUGATE, NORM  
1.3 STREET ADDRESS 444 NW MAIN STREET  
1.4 CITY-ST-ZIP WILLISTON, FL 32696  
☐ Change ☒ Addition2.1 TITLE VD  
2.2 NAME GATCHEL, PHYLLIS  
2.3 STREET ADDRESS 142 W. NOBLE AVE.  
2.4 CITY-ST-ZIP WILLISTON, FL 32696  
☐ Change ☒ Addition3.1 TITLE PD  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☒ Change ☐ Addition4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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:

SHARON C. BRANNAN  
TREASURER

1/12/97 (352) 528-6558

CR2E037 (9/96)