

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 23 1998 8:00am
Secretary of State

DOCUMENT # N10322 (8)

1. Corporation Name

WILLISTON AREA CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

444 NW MAIN STREET
P.O. BOX 369
WILLISTON FL 32696-2043
US

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

2. Principal Place of Business

2a. Mailing Address

21 444 NW MAIN ST

26 P.O. Box 369

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE # 2
City & State

27
City & State

23 WILLISTON FL

28 WILLISTON FL

Zip Country

Zip Country

24 32696 25 USA

29 32696 30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/19/1985

4. FEI Number

59-2570520

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$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

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

10. Name and Address of New Registered Agent

81 Name

NORM FUGATE

82 Street Address (P.O. Box Number is Not Acceptable)

444 NW MAIN ST

83

SUITE # 1

84

WILLISTON

FL

85 Zip Code

32696

11. Pursuant to the provisions of sections 617.0502 and 617.1608, 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 SD
NAME FUGATE, NORM
STREET ADDRESS 4444 NW MAINSTREET
CITY-ST-ZIP WILLISTON FL ☒ DELETE

TITLE VD
NAME GATCHELL, PHYLLIS
STREET ADDRESS 142 W. NOBLE AVE
CITY-ST-ZIP WILLISTON FL ☒ DELETE

TITLE PD
NAME CASON, JAMES W.
STREET ADDRESS 342 E. NOBLE AVE.
CITY-ST-ZIP WILLISTON FL ☒ DELETE

TITLE TD
NAME BRANNAN, SHARON
STREET ADDRESS 116 NE 6TH AVENUE
CITY-ST-ZIP WILLISTON FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME PHILLES GATCHELL
1.3 STREET ADDRESS 142 W NOBLE AVE.
1.4 CITY-ST-ZIP WILLISTON, FL ☒ Change ☐ Addition

2.1 TITLE VD
2.2 NAME SHARON BRANNAN
2.3 STREET ADDRESS 116 NE 6TH AVE.
2.4 CITY-ST-ZIP WILLISTON, FL ☒ Change ☐ Addition

3.1 TITLE SD
3.2 NAME DEBRA JONES
3.3 STREET ADDRESS 852 NW 3RD AVE.
3.4 CITY-ST-ZIP WILLISTON, FL ☒ Change ☐ Addition

4.1 TITLE TD
4.2 NAME NORM FUGATE
4.3 STREET ADDRESS 444 NW MAIN ST, SUITE 1
4.4 CITY-ST-ZIP WILLISTON, FL ☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Signature and typed or printed name of signing officer or director

7-16-98

Date

Daytime Phone #

CR2E037 (5/98)