

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90019 045 ****70.00

0012373

DOCUMENT # N10322

1. Corporation Name

WILLISTON AREA CHAMBER OF COMMERCE, INC.

Principal Place of Business

**444 N W MAIN STREET
STE 2
WILLISTON FL 32696
US**

Mailing Address

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



2. Principal Place of Business

21 444 NW MAIN ST.

2a. Mailing Address

26 P.O. BOX 369

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE # 2

Suite, Apt. #, etc.

City & State

City & State

23 WILLISTON, FL

28 WILLISTON, FL

Zip Country

Zip Country

24 32696 25 USA

29 32696 30 USA

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
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

9. Name and Address of Current Registered Agent

**FUGATE, NORM
444 N W MAIN STREET, STE 1
WILLISTON FL 32696**

10. Name and Address of New Registered Agent

81 Name ANDY LOTT

**82 Street Address (P.O. Box Number is Not Acceptable)
144 E. NOBLE AVE.**

83

84 City WILLISTON

FL

85 Zip Code 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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

1-7-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GATCHELL, PHILLES
STREET ADDRESS 142 W NOBLE AVENUE
CITY-ST-ZIP WILLISTON FL

☒ DELETE

TITLE VD
NAME BRANNAN, SHARON
STREET ADDRESS 116 N E 6TH AVENUE
CITY-ST-ZIP WILLISTON FL

☒ DELETE

TITLE SD
NAME JONES, DEBRA
STREET ADDRESS 852 N W 2ND AVENUE
CITY-ST-ZIP WILLISTON FL

☒ DELETE

TITLE TD
NAME FUGATE, NORM
STREET ADDRESS 444 N W MAIN STREET, STE 1
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 SHARON BRANNAN
1.3 STREET ADDRESS 116 NE 6TH AVE.
1.4 CITY-ST-ZIP WILLISTON, FL 32696

☒ Change ☐ Addition

2.1 TITLE VO
2.2 NAME STEVE McMILLEN
2.3 STREET ADDRESS 12 S. MAIN ST., SUITE B
2.4 CITY-ST-ZIP WILLISTON, FL. 32696

☐ Change ☒ Addition

3.1 TITLE SO
3.2 NAME AVA ACREE
3.3 STREET ADDRESS 12 S. MAIN ST., SUITE A
3.4 CITY-ST-ZIP WILLISTON, FL. 32696

☐ Change ☒ Addition

4.1 TITLE TD
4.2 NAME ANDY LOTT
4.3 STREET ADDRESS 144 E. NOBLE AVE.
4.4 CITY-ST-ZIP WILLISTON, FL. 32696

☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-99 352-528-5389

Date

Daytime Phone #

CR2E037 (11/98)