

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:16

DOCUMENT # **N13329** (0)

1. Corporation Name
THE GREATER SEFFNER AREA CHAMBER OF COMMERCE, IN C.

Principal Place of Business Mailing Address
BXO 1920 SEFFNER FL 33584-8920 BXO 1920 SEFFNER FL 33584-8920

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/16/1985	3a. Date of Last Report 04/19/1994
4. FEI Number 59-2849897	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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
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9. Name and Address of Current Registered Agent
**MAGRUDER, PATRICIA
902 W. LUMSDEN ROAD
SUITE 106
BRANDON FL 33511**

10. Name and Address of New Registered Agent
81 Name **Arlene Messer**
82 Street Address (P.O. Box Number is Not Acceptable) **816 M.L.K. Blvd.**
83
84 City **Seffner** FL 85 Zip Code **33584**

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: *Arlene Messer* - **Arlene Messer, President** 5-17-95
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	P
NAME	MAGRUDER, PATRICIA
STREET ADDRESS	902 W. LUMSDEN RD, STE 106
CITY - ST - ZIP	BRANDON FL
TITLE	V
NAME	CULBREATH, JOE
STREET ADDRESS	11507 DR MLK JR BLVD
CITY - ST - ZIP	MANGO FL
TITLE	S
NAME	BROWN, CHERYL
STREET ADDRESS	1705 SAKURA DRIVE
CITY - ST - ZIP	VALRICO FL
TITLE	T
NAME	LUMPKIN, RUTH
STREET ADDRESS	6313 BLACK DAIRY ROAD
CITY - ST - ZIP	SEFFNER FL
TITLE	D
NAME	JOHNSON, SANDY
STREET ADDRESS	1707 PARSON AVE. N.
CITY - ST - ZIP	SEFFNER FL
TITLE	D
NAME	JENNINGS, WARREN
STREET ADDRESS	750 DR MLK BLVD
CITY - ST - ZIP	SEFFNER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Arlene Messer
1.3 STREET ADDRESS	1504 Kyle Ct
1.4 CITY - ST - ZIP	Valrico, FL 33594
2.1 TITLE	Jim Gabriel - Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jim Gabriel
2.3 STREET ADDRESS	220 Halton Circle
2.4 CITY - ST - ZIP	Seffner, FL 33584
3.1 TITLE	Cathy Carter - Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Cathy Carter
3.3 STREET ADDRESS	2106 Ramblewood Lane
3.4 CITY - ST - ZIP	Brandon, FL 33510
4.1 TITLE	Linda Thomas - Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Linda Thomas
4.3 STREET ADDRESS	506 E. Sparkman Rd
4.4 CITY - ST - ZIP	Plant City, FL 33566
5.1 TITLE	Walter Turner - Dir. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Walter Turner
5.3 STREET ADDRESS	1013 E. Dr. M.L.K. Blvd
5.4 CITY - ST - ZIP	Seffner, FL 33584
6.1 TITLE	Bobbie Reel - Dir. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Bobbie Reel
6.3 STREET ADDRESS	4207 E. Bird Street
6.4 CITY - ST - ZIP	Tampa, FL 33617

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: *Arlene Messer* *Arlene Messer* 4-28-95 813-216-4796
Signature and typed or printed name of signing officer or director Date (teletype phone #)

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7.1 Director

7.2 Cheryl Brown

7.3 1705 Sakura Drive

7.4 Valrico, FL 33594

8.1 Director

8.2 Jackie Abbate

8.3 701 Dr. M.L. King Jr. Blvd.

8.4 Seffner, FL 33584