

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N13329 (0)

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



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

3. Date Incorporated or Qualified: 12/16/1985
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2849897	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MESSER, ARLENE 816 MLK BLVD SUITE 106 SEFFNER FL 33584	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: *Arlene Messer* - Arlene Messer, President Feb. 6, 1996
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	P	1.1 TITLE	VP
NAME	MESSER, ARLENE	1.2 NAME	Rev. Walter L. Turner
STREET ADDRESS	1504 KYLE CT	1.3 STREET ADDRESS	1013 E. DR. MLK BLVD.
CITY-ST-ZIP	VALRICO FL	1.4 CITY-ST-ZIP	Seffner FL, 33584
TITLE	VP	2.1 TITLE	S
NAME	GABRIEL, JIM	2.2 NAME	Marvilyn Lyon
STREET ADDRESS	220 HALTON CIRCLE	2.3 STREET ADDRESS	816 M.L.K. Blvd.
CITY-ST-ZIP	SEFFNER FL	2.4 CITY-ST-ZIP	Seffner, FL 33584
TITLE	S	3.1 TITLE	D
NAME	CARTER, CATHY	3.2 NAME	Pat Magruder
STREET ADDRESS	2106 RAMBLEWOOD LANE	3.3 STREET ADDRESS	902 W. Lumsden Rd. - ste 106
CITY-ST-ZIP	BRANDON F	3.4 CITY-ST-ZIP	Brandon, FL 33511
TITLE	T	4.1 TITLE	D
NAME	THOAMS, LINDA	4.2 NAME	Jackie Abbate
STREET ADDRESS	506 E SPARKMAN RD	4.3 STREET ADDRESS	701 Dr. M.L. King Jr. Blvd.
CITY-ST-ZIP	PLANT CITY FL	4.4 CITY-ST-ZIP	Seffner, FL 33584
TITLE	D	5.1 TITLE	D
NAME	TURNER, WALTER	5.2 NAME	James Bargo
STREET ADDRESS	1013 E DR MLK BLVD	5.3 STREET ADDRESS	11808 E. HWY 92
CITY-ST-ZIP	SEFFNER FL	5.4 CITY-ST-ZIP	Seffner, FL 33584
TITLE	D	6.1 TITLE	D
NAME	REEL, BOBBIE	6.2 NAME	Rev. Phillip Short
STREET ADDRESS	4207 E BIRD ST	6.3 STREET ADDRESS	102 Seffner Ave.
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	Seffner, FL 33584

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* Feb. 6, 1996 (813) 225-8111
Signature and typed or printed name of signing officer or director Date Daytime Phone #
Arlene Messer President

CR2E037 (12/95)

Officers and Directors for the Gr. Seffner Area C. of C. Cont.

7.1 Title — D

7.2 Name — Ruth Lumpkin

7.3 Street Address — 6313 Black Dairy Rd.

7.4 City-St-Zip — Seffner, FL. 33584

8.1 Title — D

8.2 Name — Cheryl Brown

8.3 Street Address — 602 Lenna Ave.

8.4 City-St-Zip — Seffner, FL. 33584

9.1 Title — D

9.2 Name — Alice Gault

9.3 Street Address — 12000 US HWY 92

9.4 City-St-Zip — Seffner, FL. 33584