

FILE NOW: FILING FEE IS \$61.25

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Apr 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N13329 (0)**

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



Principal Place of Business <b>BXO 1920 SEFFNER FL 33584-8920</b>	Mailing Address <b>BXO 1920 SEFFNER FL 33583-1920</b>
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3. Date Incorporated or Qualified <b>12/16/1985</b>	3a. Date of Last Report <b>02/12/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

4. FEI Number <b>59-2849897</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MESSER, ARLENE  
816 MLK BLVD  
SUITE 106  
SEFFNER FL 33584**

10. Name and Address of New Registered Agent

<b>81</b> Name <i>Cindy Manchesi</i>
<b>82</b> Street Address (P.O. Box Number is Not Acceptable) <i>1707 Parsons Ave. No.</i>
<b>83</b> <del>Seffner</del>
<b>84</b> City <i>Seffner</i>
<b>85</b> Zip Code <i>FL 33584</i>

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: *Cindy Manchesi* **Cindy Manchesi** **3/20/97**

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	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MESSER, ARLENE</b>
STREET ADDRESS	<b>1504 KYLE CT</b>
CITY-ST-ZIP	<b>VALRICO FL</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>LYON, MARILYN</b>
STREET ADDRESS	<b>816 M.L.KING BLVD</b>
CITY-ST-ZIP	<b>SEFFNER FL</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>TURNER, REV W L</b>
STREET ADDRESS	<b>1013 EAST DR. M. L. KING BLVD</b>
CITY-ST-ZIP	<b>SEFFNER FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>THOAMS, LINDA</b>
STREET ADDRESS	<b>506 E SPARKMAN RD</b>
CITY-ST-ZIP	<b>PLANT CITY FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BARGO, JAMES</b>
STREET ADDRESS	<b>11808 EAST HWY. 92</b>
CITY-ST-ZIP	<b>SEFFNER FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>REEL, BOBBIE</b>
STREET ADDRESS	<b>4207 E BIRD ST</b>
CITY-ST-ZIP	<b>TAMPA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Cindy Manchesi</b>
1.3 STREET ADDRESS	<b>1707 Parsons Ave. No.</b>
1.4 CITY-ST-ZIP	<b>Seffner, FL. 33584</b>
2.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Parker, Noelia</b>
2.3 STREET ADDRESS	<b>1707 Parsons Ave. No</b>
2.4 CITY-ST-ZIP	<b>Seffner, FL 33584</b>
3.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Turner, Rev W L.</b>
3.3 STREET ADDRESS	<b>SAME</b>
3.4 CITY-ST-ZIP	<b>SAME</b>
4.1 TITLE	<b>T</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>SAME</b>
4.3 STREET ADDRESS	<b>SAME</b>
4.4 CITY-ST-ZIP	<b>SAME</b>
5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Magruder, Pat</b>
5.3 STREET ADDRESS	<b>1251 W. Brandon Blvd.</b>
5.4 CITY-ST-ZIP	<b>Brandon, FL. 33511</b>
6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Pope, Dr. Charles</b>
6.3 STREET ADDRESS	<b>101 Evans Street</b>
6.4 CITY-ST-ZIP	<b>Brandon, FL. 33510</b>

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: *Linda F. Thomas* **Linda F. Thomas** **3/13/97** **813-689-7301**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0048577

CR2E037 (9/96)

Page 2 - Continued of Block 12

D  
Harned, Frank  
220 S. Hilltop Road  
Brandon, FL. 33511

D  
Gault, Alice  
12000 U.S. Hwy 92  
Seffner, FL. 33584

Ex-officio  
Messer, Arlene  
1504 Kyle Ct.  
Valrico, FL.  
33594

D  
Rev. Phillip Short  
102 Seffner Ave.  
Seffner, FL. 33584

D  
Carter, Hank  
106 W. Windhorst Rd.  
Ste. #104  
Brandon, FL. 33510

D  
McPeak, Jim  
1005 W. Bloomingdale Ave.  
Brandon, FL. 33511

D  
Dr. Sue Audette  
1117 W. Dr. ML King Jr. Blvd.  
Seffner, FL. 33584