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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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, IN C.



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

3. Date Incorporated or Qualified 12/16/1985
4. FEI Number 59-2849897 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State SAME 27 City & State SAME
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$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

9. Name and Address of Current Registered Agent
CINDY MANCHESI
1707 PARSONS AVE NO
SUITE 106
SEFFNER FL 33584

10. Name and Address of New Registered Agent
81 Name Jim McPeak
82 Street Address (P.O. Box Number is Not Acceptable) 1725 HWY 60 EAST
83
84 City Valrico FL 85 Zip Code 33594

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]* Jim McPeak President DATE 01/27/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CINDY MANCHESI	
STREET ADDRESS	1707 PARSONS AVE NO	
CITY-ST-ZIP	SEFFNER FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	PARKER, NOELIA	
STREET ADDRESS	1707 PARSONS AVE NO	
CITY-ST-ZIP	SEFFNER FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	TURNER, REV W L	
STREET ADDRESS	1013 EAST DR. M. L. KING BLVD	
CITY-ST-ZIP	SEFFNER FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	THOAMS, LINDA	
STREET ADDRESS	506 E SPARKMAN RD	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAGRUDER, PAT	
STREET ADDRESS	1231 W BRANDON BLVD	
CITY-ST-ZIP	BRANDON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	POPE, DR. CHARLES	
STREET ADDRESS	101 EVANS STREET	
CITY-ST-ZIP	BRANDON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jim McPeak	
1.3 STREET ADDRESS	1725 HWY 60 East	
1.4 CITY-ST-ZIP	Valrico, FL-33594	
2.1 TITLE	Recording Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rev. Walter Turner	
2.3 STREET ADDRESS	1016 Dr. M L King Jr. Blvd. W.	
2.4 CITY-ST-ZIP	Seffner, FL 33584	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Dr. Charles Pope	
3.3 STREET ADDRESS	101 Evans Street	
3.4 CITY-ST-ZIP	Brandon, FL 33510	
4.1 TITLE	Corresponding Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Cynthia Williams	
4.3 STREET ADDRESS	2514 S. Lennig Ave. - Suite 201	
4.4 CITY-ST-ZIP	Seffner, FL 33584	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Hank Carter	
5.3 STREET ADDRESS	106 W. Windhorst Rd. - Suite 104	
5.4 CITY-ST-ZIP	Brandon, FL 33510	
6.1 TITLE	Dr. Sue Audette	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	1117 W. Dr. M L King Jr. Blvd.	
6.3 STREET ADDRESS	Seffner, FL 33584	
6.4 CITY-ST-ZIP		

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]* Linda F. Thomas 01/27/98 (813) 662-2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)

Officers and Directors Cont.

(2)

D

Dep. Frank Harned
220 S. Hilltop Rd.
Brandon, FL. 33511

D

Elvis Lumpkin
6313 Black Dairy Rd.
Seffner, FL. 33584

D

Andy Mason
106 W. Windhorst Rd. #101
Brandon, FL. 33510

D

Arlene Messer
816 Dr. ML King Jr. Blvd.
Seffner, FL. 33584

D

Chris Taylor
12000 US. Hwy 92
Seffner, FL. 33584

D

James Bargo
11808 E. Hwy 92
Seffner, FL. 33584