

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90057 010 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N13329**

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

Principal Place of Business BXO 1920 SEFFNER FL 33584-8920	Mailing Address BXO 1920 SEFFNER FL 33584-8920
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2. Principal Place of Business 21 <b>2314 So. Parsons Ave.</b>	2a. Mailing Address 26 <b>P.O. Box 1920</b>	3. Date Incorporated or Qualified <b>12/16/1985</b>
Suite, Apt. #, etc. 22 <b>Seffner, FL.</b>	Suite, Apt. #, etc. 27 <b>Seffner, FL.</b>	4. FEI Number <b>59-2849897</b>
City & State 23 <b>33584-</b>	City & State 28 <b>33583-1920</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24 <b>USA</b>	Zip 29 <b>USA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent <b>JIM MCPEAK</b> <b>1725 HWY 60 E</b> <b>VALRICO FL 33594</b>	10. Name and Address of New Registered Agent 81 Name <b>SAME</b> 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 *Jim McPeak* **Jim McPeak** **01/07/99**  
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 <input type="checkbox"/> DELETE	<b>P</b>	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>T</b>
NAME	<b>JIM MCPEAK</b>	1.2 NAME	<b>marcella Johnson</b>
STREET ADDRESS	<b>1725 HWY 60 E</b>	1.3 STREET ADDRESS	<b>816 Dr. ML King, Jr. Blvd.</b>
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	1.4 CITY-ST-ZIP	<b>Seffner, FL. 33584</b>
TITLE <input type="checkbox"/> DELETE	<b>RS</b>	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>Corresponding Secretary</b>
NAME	<b>REV. WALTER TURNER</b>	2.2 NAME	<b>Janice Dillon</b>
STREET ADDRESS	<b>1016 DR ML KING JR BLVD W</b>	2.3 STREET ADDRESS	<b>12006 McIntosh Rd.</b>
CITY-ST-ZIP	<b>SEFFNER FL 33584</b>	2.4 CITY-ST-ZIP	<b>Thonotosassa, FL. 33592</b>
TITLE <input type="checkbox"/> DELETE	<b>VP</b>	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>D</b>
NAME	<b>DR CHARLES POPE</b>	3.2 NAME	<b>Dep. Frank Harned</b>
STREET ADDRESS	<b>101 EVANS ST</b>	3.3 STREET ADDRESS	<b>220 S. Hilltop Road</b>
CITY-ST-ZIP	<b>BRANDON FL 33510</b>	3.4 CITY-ST-ZIP	<b>Brandon, FL. 33511</b>
TITLE <input checked="" type="checkbox"/> DELETE	<b>T</b>	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>D</b>
NAME	<b>THOAMS, LINDA</b>	4.2 NAME	<b>Elvis Lumpkin</b>
STREET ADDRESS	<b>506 E SPARKMAN RD</b>	4.3 STREET ADDRESS	<b>6313 Black Dairy Road</b>
CITY-ST-ZIP	<b>PLANT CITY FL 33584</b>	4.4 CITY-ST-ZIP	<b>Seffner, FL. 33584-2948</b>
TITLE <input checked="" type="checkbox"/> DELETE	<b>D</b>	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>D</b>
NAME	<b>MAGRUDER, PAT</b>	5.2 NAME	<b>Linda Keyes</b>
STREET ADDRESS	<b>1231 W BRANDON BLVD</b>	5.3 STREET ADDRESS	<b>11710 Dr. M.L. King Jr. Blvd.</b>
CITY-ST-ZIP	<b>BRANDON FL</b>	5.4 CITY-ST-ZIP	<b>Seffner, FL. 33584</b>
TITLE <input checked="" type="checkbox"/> DELETE	<b>D</b>	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>D</b>
NAME	<b>HANK CARTER</b>	6.2 NAME	<b>Linda Thomas</b>
STREET ADDRESS	<b>106 W WINDHORST RD #104</b>	6.3 STREET ADDRESS	<b>1006 S. Teakwood Dr.</b>
CITY-ST-ZIP	<b>BRANDON FL 33510</b>	6.4 CITY-ST-ZIP	<b>Plant City, FL. 33566</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Linda Thomas* **Linda Thomas** **01/07/99** **813-662-2004**  
Signature and typed or printed name of signing officer or director Daytime Phone #