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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



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

9. Name and Address of Current Registered Agent

JIM MCPEAK  
1725 HWY 60 E  
VALRICO FL 33594

10. Name and Address of New Registered Agent

81 Name SAME
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

*Jim McPeak*  
Jim McPeak

01/07/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JIM MCPEAK		1.2 NAME marcella Johnson	
STREET ADDRESS 1725 HWY 60 E		1.3 STREET ADDRESS 816 Dr. ML King, Jr. Blvd.	
CITY-ST-ZIP VALRICO FL 33594		1.4 CITY-ST-ZIP Seffner, FL. 33584	
TITLE RS	<input type="checkbox"/> DELETE	2.1 TITLE Corresponding Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME REV. WALTER TURNER		2.2 NAME Janice Dillon	
STREET ADDRESS 1016 DR ML KING JR BLVD W		2.3 STREET ADDRESS 12006 McIntosh Rd.	
CITY-ST-ZIP SEFFNER FL 33584		2.4 CITY-ST-ZIP Theodosassa, FL. 33592	
TITLE VP	<input type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DR CHARLES POPE		3.2 NAME Dep. Frank Harned	
STREET ADDRESS 101 EVANS ST		3.3 STREET ADDRESS 220 S. Hilltop Road	
CITY-ST-ZIP BRANDON FL 33510		3.4 CITY-ST-ZIP Brandon, FL. 33511	
TITLE T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THOAMS, LINDA		4.2 NAME Elvis Lumpkin	
STREET ADDRESS 506 E SPARKMAN RD		4.3 STREET ADDRESS 6313 Black Dairy Road	
CITY-ST-ZIP PLANT CITY FL 33584		4.4 CITY-ST-ZIP Seffner, FL. 33584-2948	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MAGRUDER, PAT		5.2 NAME Linda Keyes	
STREET ADDRESS 1231 W BRANDON BLVD		5.3 STREET ADDRESS 11710 Dr. M.L. King Jr. Blvd.	
CITY-ST-ZIP BRANDON FL		5.4 CITY-ST-ZIP Seffner, FL. 33584	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HANK CARTER		6.2 NAME Linda Thomas	
STREET ADDRESS 106 W WINDHORST RD #104		6.3 STREET ADDRESS 1006 S. Teakwood Dr.	
CITY-ST-ZIP BRANDON FL 33510		6.4 CITY-ST-ZIP Plant City, FL. 33566	

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 #