

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 # N18279 (2)
1. Corporation Name
THE GREATER LAKE COUNTY CHAMBER OF COMMERCE, INC



Principal Place of Business
**1326 W NORTH BLVD
STE 13
LEESBURG FL 34748
US**

Mailing Address
**P.O. BOX 492426
LEESBURG FL 34749**

3. Date Incorporated or Qualified
12/16/1986

3a. Date of Last Report
05/16/1995

4. FEI Number
59-2864653

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

9. Name and Address of Current Registered Agent

**CHESSON, DAVID A
1012 GREGG ST
LEESBURG FL 34748**

10. Name and Address of New Registered Agent

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 617.0403, Florida Statutes.

SIGNATURE *Dennis A. Brady*

2-2-96

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 ☐ DELETE

NAME **PCD**

STREET ADDRESS **CHESSON, DAVID A**

CITY-ST-ZIP **1012 GREGG ST
LEESBURG FL**

TITLE ☐ DELETE

NAME **VDI**

STREET ADDRESS **CHESSON, JEANNE A**

CITY-ST-ZIP **1012 GREGG ST
LEESBURG FL**

TITLE ☐ DELETE

NAME **D**

STREET ADDRESS **CHESSON, TAMMY J**

CITY-ST-ZIP **1012 GREGG ST
LEESBURG FL**

TITLE ☐ DELETE

NAME **D**

STREET ADDRESS **CHESSON, TERRY J**

CITY-ST-ZIP **RT 1 BOX 117 E
LAKE PANASSOFFKER FL**

TITLE ☐ DELETE

NAME **D**

STREET ADDRESS **BRADY, DENNIS A**

CITY-ST-ZIP **1532 COVERED BRIDGE
DELAND FL**

TITLE ☐ DELETE

NAME **D**

STREET ADDRESS **BRADY, TAMMY G**

CITY-ST-ZIP **1532 COVERED BRIDGE
DELAND FL**

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☒ Change ☐ Addition

32 NAME **NEWSOME, TAMMY J.**

33 STREET ADDRESS **9280 CR 767**

34 CITY-ST-ZIP **WEBSTER, FL. 33597**

41 TITLE ☒ Change ☐ Addition

42 NAME

43 STREET ADDRESS **LAKE PANASSOFFKER R.**

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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: *Dennis A. Brady*

2-2-96 352-326-0770

Date

Daytime Phone

CR2E037 (12/95)