

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26416 (0)

1. Corporation Name

EAST MARION CHAMBER OF COMMERCE, INC.



Principal Place of Business

16890 E. HWY 40
PO BOX 504
SILVER SPRINGS FL 34488
US

Mailing Address

16890 E. HWY 40
PO BOX 504
SILVER SPRINGS FL 34488
US

2. Principal Place of Business

21 15997 E HWY 40

Suite, Apt. #, etc.

22 City & State

23 SILVER SPRINGS

24 Zip Country

25 34488 US

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

29 Zip Country

30

3. Date Incorporated or Qualified
05/12/1988

3a. Date of Last Report
04/03/1995

4. FEI Number
59-2875029

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

9. Name and Address of Current Registered Agent

CAMPBELL, BETH
16890 E. HWY 40
SILVER SPRINGS FL 32688

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 617.0503, Florida Statutes.

SIGNATURE

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 PD ☒ DELETE

NAME SOUCEY, ROGER
STREET ADDRESS 16890 E. HWY 40
CITY - ST - ZIP SILVER SPRINGS FL

TITLE VD ☒ DELETE

NAME SIVERT, BILL
STREET ADDRESS 16890 E. HWY 40
CITY - ST - ZIP SILVER SPRINGS FL

TITLE SD ☒ DELETE

NAME YANDLE, BEVERLY
STREET ADDRESS 16890 E. HWY 40
CITY - ST - ZIP SILVER SPRINGS FL

TITLE TD ☐ DELETE

NAME KASANDERS, ED
STREET ADDRESS 16890 E. HWY 40
CITY - ST - ZIP SILVER SPRINGS FL

TITLE SD ☐ DELETE

NAME WHITTEN, BILL
STREET ADDRESS 16890 E. HWY 40
CITY - ST - ZIP SILVER SPRINGS FL

TITLE SD ☐ DELETE

NAME LINKE, FRED
STREET ADDRESS 16890 E. HWY 40
CITY - ST - ZIP SILVER SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE PD
1.2 NAME HARRY HUNTER
1.3 STREET ADDRESS 15997 E HWY 40
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME 15997 E HWY 40
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME 15997 E HWY 40
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME 15997 E HWY 40
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME 15997 E HWY 40
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME 15997 E HWY 40
6.3 STREET ADDRESS
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0017216

CR2E037 (3/96)