


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90065 030 ****61.25

DOCUMENT # N27709					
1. Entity Name GREATER MULBERRY CHAMBER OF COMMERCE, INC.					
Principal Place of Business 400 N. CHURCH AVENUE MULBERRY, FL 33860			Mailing Address P.O. BOX 254 MULBERRY, FL 33860		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2908420	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JONES, SHARON 400 NORTH CHURCH STREET MULBERRY, FL 33860			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBRITTON, JANET		NAME		
STREET ADDRESS	400 N. CHURCH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MULBERRY, FL 33860		CITY-ST-ZIP		
TITLE	VOB	<input checked="" type="checkbox"/> Delete	TITLE	Fast President of Board	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRIEGBAUM, RAY		NAME	Kriegbaum, Ray	
STREET ADDRESS	3135 FORESTBROOK DR. N.		STREET ADDRESS	3135 Forestbrook Drive	
CITY-ST-ZIP	LAKELAND, FL 33811		CITY-ST-ZIP	Lakeland, Fla. 33811	
TITLE	SOB	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY of Board	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHULDT, ALICE		NAME	Joy clancey	
STREET ADDRESS	4351 WINDING OAKS CIRCLE		STREET ADDRESS	405 Osprey Way	
CITY-ST-ZIP	MULBERRY, FL 33860		CITY-ST-ZIP	Lakeland, Fla. 33813	
TITLE	VPOB	<input checked="" type="checkbox"/> Delete	TITLE	President of Board	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRIGGERS, DOUG		NAME	Driggers, Doug	
STREET ADDRESS	P.O. DRAWER N		STREET ADDRESS	P.O. Drawer N	
CITY-ST-ZIP	PLANT CITY, FL 33564		CITY-ST-ZIP	Plant City, FLA. 33564	
TITLE		<input type="checkbox"/> Delete	TITLE	Vice President of Board	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Stefan Katzaras	
STREET ADDRESS			STREET ADDRESS	P.O. Box 1480	
CITY-ST-ZIP			CITY-ST-ZIP	Bartow, Fla. 33831	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Sharron Jones</i>		Date: 1-17-08		Daytime Phone #: 863-425-4414	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	