

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27709

FILED
Jan 08, 2009
Secretary of State

Entity Name: GREATER MULBERRY CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

400 N. CHURCH AVENUE
MULBERRY, FL 33860

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 254
MULBERRY, FL 33860

New Mailing Address:

FEI Number: 59-2908420 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, SHARRON
400 NORTH CHURCH STREET
MULBERRY, FL 33860 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: CLARK, BETH
Address: 755 PRAIRIE INDUSTRIAL PKWY.
City-St-Zip: MULBERRY, FL 33860

Title: PPB () Delete
Name: CLOVER, GLENN
Address: 3675 INNOVATIONS DRIVE
City-St-Zip: LAKELAND, FL 33812

Title: SOB () Delete
Name: HALL, JOY
Address: POB 2000
City-St-Zip: MULBERRY, FL 33860

Title: VPOB () Delete
Name: BRADLEY, CHUCK
Address: POB 1021
City-St-Zip: MULBERRY, FL 33860

Title: VPOB () Delete
Name: DORSETT, ALFRED
Address: POB 427
City-St-Zip: MULBERRY, FL 33860

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN CLOVER

Electronic Signature of Signing Officer or Director

PPB

01/08/2009

_____ Date