FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 9:30

DOCUMENT # **N29741** **(8)**

1. Corporation Name
CENTURY CHAMBER OF COMMERCE INCORPORATED

Principal Place of Business	Mailing Address
HIGHWAY 4 P.O. BOX 857 CENTURY FL 32535	HIGHWAY 4 P.O. BOX 857 CENTURY FL 32535

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/15/1988
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-2931610 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	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

BARNES, EDNA EARLE
619 4TH STREET
CENTURY FL 32535

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	CUNNINGHAM, JOHNNY F.	12 NAME		
STREET ADDRESS	CENTURY BLVD.	13 STREET ADDRESS		
CITY-ST-ZIP	CENTURY FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	BARNES, BENNY	22 NAME		
STREET ADDRESS	619 4TH ST	23 STREET ADDRESS		
CITY-ST-ZIP	CENTURY FL	24 CITY-ST-ZIP		
TITLE	ST	31 TITLE		☐ Change ☐ Addition
NAME	MCCALL, MARGIE	32 NAME		
STREET ADDRESS	9500 SHADY LANE	33 STREET ADDRESS		
CITY-ST-ZIP	CENTURY FL 32535	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	ROBINSON, LEE	42 NAME		
STREET ADDRESS	4301 CREIGHTON ROAD	43 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	~~SHEFFIELD, BRENDA~~	52 NAME	CURTIS E SMITH	
STREET ADDRESS	~~6270 W HWY 4~~	53 STREET ADDRESS	3111 HIGHWAY 168	
CITY-ST-ZIP	~~CENTURY FL 32535~~	54 CITY-ST-ZIP	CENTURY FL 32535	
TITLE	C	61 TITLE		☐ Change ☐ Addition
NAME	BARNES, EDNA EARLE	62 NAME		
STREET ADDRESS	P.O. BOX 433 N/A	63 STREET ADDRESS		
CITY-ST-ZIP	CENTURY FL 32535	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)(i), 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: Edna E. Barnes 3-22-95 FEI# 592-3515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007 1644