

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # N29741

1. Entity Name
CENTURY CHAMBER OF COMMERCE INCORPORATED



Principal Place of Business
**7811 NORTH CENTURY BLVD
CENTURY, FL 32535**

Mailing Address
**P.O. BOX 857
CENTURY, FL 32535**

DO NOT WRITE IN THIS SPACE



04042008 No Chg-NP CR2E037 (4/06)

| | |
|---|--|
| 4. FEI Number 59-2931610 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**BARNES, BENNY
619 4TH STREET
CENTURY, FL 32535**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

\$5.00 May Be
Added to Fees

000000885985
04/18/08-80036-017 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BARNES, BENNY
619 4TH STREET
CENTURY, FL 32535**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
KELLEY, ANGIE
501 E BOGIA RD
CENTURY, FL 32535**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
MCCALL, MARGI
9500 SHADY LANE
CENTURY, FL 32535**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TR
JETER, CATHERINE
100 CENTURY BLVD
CENTURY, FL 32535**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TR
MCCAW, NADINE
10 MAYO ST
CENTURY, FL 32535**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CARTER, WILLIE REV.
100 HIGHWAY 4
CENTURY, FL 32535**

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Benny E Barnes

3/04/08 *850-256-3155*
Date Daytime Phone #