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 MAY -1 PM 1:09

DOCUMENT # N34804 (7)

1. Corporation Name
SILVER SPRINGS SHORES CHAMBER OF COMMERCE, INC.

Principal Place of Business	Mailing Address
504 EMERALD RD. OCALA FL 34472 US	P. O. BOX 7658 OCALA FL 34472 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/20/1989
3a. Date of Last Report: 07/15/1994
4. FEI Number: 59-2974969 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22 7277 D. Maricamp Rd.
City & State
23 Ocala, Florida
Zip 24 34472 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27 same as above
City & State
28
Zip 29 Country 30

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

9. Name and Address of Current Registered Agent

HENRY, BARBARA
9268 SE MARKAMP RD.
OCALA FL 34472

10. Name and Address of New Registered Agent

81 Name: Andrew Thompson
82 Street Address (P.O. Box Number is Not Acceptable): 9536 SE Maricamp Rd.
83
84 City: Ocala, FL 85 Zip Code: 34472

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: [signature] Andrew A. Thompson 4/27/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P/D	☑ Change ☑ Addition
NAME	BARBOSA, DOLLIE	12 NAME	Andrew Thompson	
STREET ADDRESS	504 EMERALD RD.	13 STREET ADDRESS	9536 SE Maricamp Rd.	(Director)
CITY-ST-ZIP	OCALA FL	14 CITY-ST-ZIP	Ocala, Fl 34472	
TITLE	V	21 TITLE	V/D	☐ Change ☐ Addition
NAME	LATEER, DONNA	22 NAME	same	
STREET ADDRESS	9309 SE MARKAMP RD.	23 STREET ADDRESS		(Director)
CITY-ST-ZIP	OCALA FL	24 CITY-ST-ZIP		
TITLE	V	31 TITLE	V/D	☑ Change ☑ Addition
NAME	BAKOS, DEBY	32 NAME	Meegan Lomel	
STREET ADDRESS	501 WATER RD.	33 STREET ADDRESS	9305 SE Maricamp Rd	
CITY-ST-ZIP	OCALA FL	34 CITY-ST-ZIP	Ocala, Fl. 34472	(Director)
TITLE	T	41 TITLE	T/D	☑ Change ☐ Addition
NAME	HENRY, BARBARA	42 NAME	Debie Bakos	
STREET ADDRESS	9268 SE MARKAMP RD.	43 STREET ADDRESS	501 Water Rd.	
CITY-ST-ZIP	OCALA FL	44 CITY-ST-ZIP	Ocala, Fl. 34472	(Director)
TITLE	S	51 TITLE	S/D	☑ Change ☑ Addition
NAME	SEYMOUR, JANET	52 NAME	Jeanie Harvey	
STREET ADDRESS	7 SPRING DR. PL.	53 STREET ADDRESS	3850 SE 58th Ave	
CITY-ST-ZIP	OCALA FL	54 CITY-ST-ZIP	Ocala, Fl 34480	(Director)
TITLE	D	61 TITLE	D	☑ Change ☐ Addition
NAME	STEPHENS, TERESA	62 NAME	Donna Brown	
STREET ADDRESS	9305 SE MARKAMP RD.	63 STREET ADDRESS	7277 D. Maricamp Rd. Lot 1	(Director)
CITY-ST-ZIP	OCALA FL	64 CITY-ST-ZIP	Ocala, Fl. 34472	

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: [signature] Andrew A. Thompson (Pres.) 4/27/95 (904) 687-4111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0065242