

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N34804** (7)
1. Corporation Name
SILVER SPRINGS SHORES CHAMBER OF COMMERCE, INC.



Principal Place of Business
**7277 D MARICAMP RD
OCALA FL 34472
US**

Mailing Address
**P. O. BOX 7658
OCALA FL 34472
US**

3. Date Incorporated or Qualified
10/20/1989

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2974969

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 9536 SE Maricamp Road
Suite, Apt. #, etc.
22

2a. Mailing Address
26
Suite, Apt. #, etc.
27 same as above

City & State
23 Ocala, Florida
Zip
24 34472

Country
25 USA

Zip
29

Country
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THOMPSON, ANDREW
9536 SE MARICAMP RD
OCALA FL 34472**

81 Name
Beverly Yandle

82 Street Address (P.O. Box Number is Not Acceptable)
9305 SE Maricamp Road

83

84 City
Ocala,

FL 85 Zip Code
34472

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE
Beverly Yandle
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE
4-23-96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	THOMPSON, ANDREW	9536 SE MARICAMP RD	OCALA FL	<input type="checkbox"/>
VD	LATEER, DONNA	9309 SE MARKAMP RD.	OCALA FL	<input type="checkbox"/>
VD	LOMEL, MEEGAN	9305 SE MARICAMP RD	OCALA FL	<input type="checkbox"/>
TD	BAKOS, DEBI	501 WATER RD	OCALA FL	<input type="checkbox"/>
SD	HARVEY, JEANIE	3850 SE 58TH AVE	OCALA FL	<input type="checkbox"/>
D	BROWN, DONNA	7277 D MARICAMP RD	OCALA FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PD	Beverly Yandle	9305 SE Maricamp Rd.	Ocala, Florida 34472	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
VD	Jeff Mochnick	9536 SE Maricamp Rd.	Ocala, FL. 34472	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
VD	Jim Higginbotham	9536 SE Maricamp Rd.	Ocala, Florida 34472	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
TD	Martha Perry	9268 SE Maricamp Rd.	Ocala, FL. 34472	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
SD	Jeannie Harvey	3800 SE 58th Avenue	Ocala, FL. 34472	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
D	Sandra Balius	501 Water Rd.	Ocala, FL. 34472	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)