

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 PM 6:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N36461 (4)

1. Corporation Name

GREATER DAVENPORT CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

P.O. BOX 994
DAVENPORT FL 33837

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DAVENPORT FL 33837

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1990

3a. Date of Last Report

02/28/1994

4. FBI Number

59-1214092

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$0.75 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. 199.002,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RUST, HARRIETT
15 EAST CYPRESS
DAVENPORT FL 33837**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **WHITE, DENNIS**
STREET ADDRESS **28 W. ORANGE**
CITY-STATE-ZIP **DAVENPORT FL**

1.1 TITLE **DP** ☐ Change ☒ Addition
1.2 NAME **Mary W. Collins**
1.3 STREET ADDRESS **121 Center Crest**
1.4 CITY-STATE-ZIP **Davenport, FL 33837**

TITLE **VP**
NAME **KIMBREL, MILLIE**
STREET ADDRESS **116 W. CYPRESS**
CITY-STATE-ZIP **DAVENPORT FL**

2.1 TITLE **DS** ☐ Change ☒ Addition
2.2 NAME **Irene Lemke**
2.3 STREET ADDRESS **1 Center Crest**
2.4 CITY-STATE-ZIP **Davenport, FL 33837**

TITLE **D**
NAME **NAFZIGER, CHARLES**
STREET ADDRESS **W. MAPLE**
CITY-STATE-ZIP **DAVENPORT FL**

3.1 TITLE **D/VP** ☐ Change ☐ Addition
3.2 NAME **Nafziger, Charles**
3.3 STREET ADDRESS **W. Maple**
3.4 CITY-STATE-ZIP **Davenport, FL 33837**

TITLE **D**
NAME **LOVELACE, DAVID**
STREET ADDRESS **13 PINE FOREST CIRCLE**
CITY-STATE-ZIP **HAINES CITY FL**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Edward Lemke**
4.3 STREET ADDRESS **1 Center Crest**
4.4 CITY-STATE-ZIP **Davenport, FL 33837**

TITLE **D**
NAME **DOUGLAS, SHERRIE**
STREET ADDRESS **313 E. ORANGE**
CITY-STATE-ZIP **DAVENPORT FL**

5.1 TITLE **D/T** ☒ Change ☐ Addition
5.2 NAME **Millie Kimbrel**
5.3 STREET ADDRESS **116 W. Cypress**
5.4 CITY-STATE-ZIP **Davenport, FL 33837**

TITLE **D**
NAME **MCKNIGHT, LOUIS**
STREET ADDRESS **E. LEMON STREET**
CITY-STATE-ZIP **DAVENPORT FL**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **Henry Ackroyd**
6.3 STREET ADDRESS **W. Bay St.**
6.4 CITY-STATE-ZIP **Davenport, FL 33837**

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 110.07(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:

Mary W. Collins
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY W. COLLINS

4/26/95
DATE

Daytime (Area #)

0067780