

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 # **N36461** (4)
1. Corporation Name
GREATER DAVENPORT CHAMBER OF COMMERCE, INC.



Principal Place of Business
**P.O. BOX 994
DAVENPORT FL 33837**

Mailing Address
**P.O. BOX 994
DAVENPORT FL 33837**

3. Date Incorporated or Qualified
01/31/1990

3a. Date of Last Report
04/28/1995

4. FEI Number
59-1214092

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 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
Irene N. Lemke

82 Street Address (P.O. Box Number is Not Acceptable)
102 Golf Crest Lane

83 City
Davenport

84 State
FL

85 Zip Code
33837

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 *Irene N. Lemke* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	COLLINS, MARY W	
STREET ADDRESS	124 CENTER COAST	
CITY-ST-ZIP	DAVENPORT FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KIMBREL, MILLIE	
STREET ADDRESS	116 W CYPRESS	
CITY-ST-ZIP	DAVENPORT FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NAFZIGER, CHARLES	
STREET ADDRESS	W. MAPLE	
CITY-ST-ZIP	DAVENPORT FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOVELACE, DAVID	
STREET ADDRESS	13 PINE FOREST CIRCLE	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	KIMBREL, MILLIE	
STREET ADDRESS	116 W CYPRESS	
CITY-ST-ZIP	DAVENPORT FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCKNIGHT, LOUIS	
STREET ADDRESS	E. LEMON STREET	
CITY-ST-ZIP	DAVENPORT FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Pat Esposito, Jr.	
1.3 STREET ADDRESS	US Hwy 27 N	
1.4 CITY-ST-ZIP	Davenport, Florida 33837	
2.1 TITLE	Henry S. Ashroyd	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	P O Box 3	
2.3 STREET ADDRESS	Davenport fl 33837	
2.4 CITY-ST-ZIP	DAVENPORT FL	
3.1 TITLE	D/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Dwanna Moore	
3.3 STREET ADDRESS	4200 US Hwy 27 N	
3.4 CITY-ST-ZIP	Davenport, Florida 33837	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	H.B. Robinson 111	
4.3 STREET ADDRESS	Davenport, Florida 33837	
4.4 CITY-ST-ZIP	Davenport, Florida 33837	
5.1 TITLE	Irene N. Lemke	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	102 Golf Crest Lane	
5.3 STREET ADDRESS	Davenport, Fl 33837	
5.4 CITY-ST-ZIP	Davenport, Fl 33837	
6.1 TITLE	Edward P. Lemke	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	102 Golf Crest Lane	
6.3 STREET ADDRESS	Davenport, Fl 33837	
6.4 CITY-ST-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 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 *Irene N. Lemke* DATE *April 23 1996* TIME *4:22 PM*

CR2E037 (12/95)