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Mar 31 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

P.O. BOX 994
DAVENPORT FL 33837

P.O. BOX 994
DAVENPORT FL 33836-0994



3. Date Incorporated or Qualified
01/31/1990

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

25

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

IRENE N. LEMKE
102 GOLF CREST LANE
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 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, Secretary

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME PAT ESPOSITO, JR. Pres.
STREET ADDRESS US HWY 27 N
CITY-ST-ZIP DAVENPORT FL

1.1 TITLE
1.2 NAME Dwanna Moore
1.3 STREET ADDRESS 4200 US Hwy 27 N Vice Pres.
1.4 CITY-ST-ZIP Davenport, FL

TITLE VP
NAME HENRY S. ACKROYD
STREET ADDRESS P.O. BOX 3
CITY-ST-ZIP DAVENPORT FL

2.1 TITLE
2.2 NAME H. B. Robinson
2.3 STREET ADDRESS E. Cypress St.
2.4 CITY-ST-ZIP Davenport, FL

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

3.1 TITLE
3.2 NAME Ed Lemke
3.3 STREET ADDRESS 102 Golf Crest Lane
3.4 CITY-ST-ZIP Davenport, FL

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

4.1 TITLE
4.2 NAME Irene Lemke
4.3 STREET ADDRESS 102 Golf Crest Lane
4.4 CITY-ST-ZIP Davenport, FL

TITLE DT
NAME KIMBEL, MILLIE
STREET ADDRESS 116 W. CYPRESS
CITY-ST-ZIP DAVENPORT FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME MCKNIGHT, LOUIS
STREET ADDRESS E LEMON STREET
CITY-ST-ZIP DAVENPORT FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

Irene N. Lemke, Sec.

Mar. 5, 1997

CR2E037 (9/96)