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

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N37701** **(2)**

1. Corporation Name

GREATER CITRUS COUNTY CHAMBER OF COMMERCE, INC.

Principal Place of Business	Mailing Address
208 W MAIN ST INVERNESS FL 32650	208 W MAIN ST INVERNESS FL 32650

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/18/1990**
3a. Date of Last Report: **01/25/1994**
4. FEI Number: **59-0898256** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplement Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No XX

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MORING, JACK A
209 COURTHOUSE SQUARE
INVERNESS FL 32650

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	P/D ☐ Change ☐ Addition
NAME	DAVIS, CHARLES	12 NAME	R. STEWART GRUMBLING, II
STREET ADDRESS	3075 S FLORIDA AVE	13 STREET ADDRESS	1011 S. FLORIDA AVE.
CITY-ST-ZIP	INVERNESS FL	14 CITY-ST-ZIP	INVERNESS FL 34450
TITLE	VD	21 TITLE	V/D ☐ Change ☑ Addition
NAME	GRUMBLING, STEWART	22 NAME	ROCKY HENSLEY
STREET ADDRESS	1011 S FLORIDA AVE	23 STREET ADDRESS	408 US HWY 41
CITY-ST-ZIP	INVERNESS FL	24 CITY-ST-ZIP	INVERNESS FL 34450
TITLE	SD	31 TITLE	S/D ☐ Change ☑ Addition
NAME	MILLER, LINDA	32 NAME	LINDA GALLANT
STREET ADDRESS	1007 W MAIN ST	33 STREET ADDRESS	P O BOX 909 (NA)
CITY-ST-ZIP	INVERNESS FL	34 CITY-ST-ZIP	FLORAL CITY FL 34436
TITLE		41 TITLE	T/D ☐ Change ☑ Addition
NAME		42 NAME	ART KRUEGER
STREET ADDRESS		43 STREET ADDRESS	1007 US HWY 41
CITY-ST-ZIP		44 CITY-ST-ZIP	INVERNESS FL 34450
TITLE		51 TITLE	D ☑ Change ☐ Addition
NAME		52 NAME	Charles E. Davis
STREET ADDRESS		53 STREET ADDRESS	3075 S. Florida Ave
CITY-ST-ZIP		54 CITY-ST-ZIP	Inverness FL 34450
TITLE		61 TITLE	D ☑ Change ☐ Addition
NAME		62 NAME	Linda Miller
STREET ADDRESS		63 STREET ADDRESS	1007 W. Main St.
CITY-ST-ZIP		64 CITY-ST-ZIP	Inverness FL 34450

14. I do hereby certify that the information indicated with this filing is voluntarily furnished and does not qualify for the exemption contained 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: Rocky Hensley 4-19-95 904-726 2801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084837