


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mogham Secretary of State DIVISION OF CORPORATIONS
---	---

DOCUMENT # **N42617** (3)
1. Corporation Name

BRONSON CHAMBER OF COMMERCE, INC.



Principal Place of Business	Mailing Address
P O BOX 1450 BRONSON FL 32621	P O BOX 1450 BRONSON FL 32621

3. Date Incorporated or Qualified	03/21/1991
4. FEI Number	59-3068885
Applied For	Not Applicable

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

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

BAHAN, MILT
490 E HATHAWAY AVE
BRONSON FL 32621

10. Name and Address of New Registered Agent

81 Name	Spencer Miller
82 Street Address (P.O. Box Number is Not Acceptable)	151 Hathaway Avenue
83 Post Office Box	Box 679
84 City	Bronson
85 State	FL
86 Zip Code	32621

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 *Spencer Miller*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/22/98

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BAHAN, MILT	
STREET ADDRESS	490 E HATHAWAY AVE	
CITY-ST-ZIP	BRONSON FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	MODISSETT, MINNIE	
STREET ADDRESS	298 N COURT	
CITY-ST-ZIP	BRONSON FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	ARRINGTON, CINDY	
STREET ADDRESS	2451 NW 180TH ST	
CITY-ST-ZIP	TRENTON FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KIRTON, JAN	
STREET ADDRESS	337E HATHAWAY AVE	
CITY-ST-ZIP	BRONSON FL 32621	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Spencer Miller	
1.3 STREET ADDRESS	151 Hathaway Ave	
1.4 CITY-ST-ZIP	Bronson, FL 32621	
2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Lou Janney	
2.3 STREET ADDRESS	P.O. Box 1602 N/A	
2.4 CITY-ST-ZIP	Bronson, Florida 32621	
3.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Libby Barr	
3.3 STREET ADDRESS	P.O. Box N/A	
3.4 CITY-ST-ZIP	Bronson, Florida 32621	
4.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Desiree Jereels	
4.3 STREET ADDRESS	1055 SE 4th Place	
4.4 CITY-ST-ZIP	Morrison, FL 32668	
5.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Pat Roberts	
5.3 STREET ADDRESS	26824 SW 127th Ave	
5.4 CITY-ST-ZIP	Newberry, FL 32669	
6.1 TITLE	500002554565	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-06/10/98--01042--041	
6.3 STREET ADDRESS	***61.25	
6.4 CITY-ST-ZIP		

14. I 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: *Spencer Miller*

Spencer Miller 4/22/98 (503) 496-

CR2E037 (10/97)