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Jan 17 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 # N45712 (9)
1. Corporation Name
GRACEVILLE AREA CHAMBER OF COMMERCE, INC.



Principal Place of Business

906 - 6TH AVE.
GRACEVILLE FL 32440
US

Mailing Address

P.O. BOX 661 NA
GRACEVILLE FL 32440
US

3. Date Incorporated or Qualified
10/22/1991

3a. Date of Last Report
06/13/1996

2. Principal Place of Business

21 5224 Brown St.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 Graceville, FL

City & State

28 City & State

24 Zip
32440

25 Country
JACKSON

29 Zip

30 Country

4. FEI Number
59-2847959

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FUQUA, H. MATTHEW
4450 LAFAYETTE ST
MARIANNA FL 32446

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	TAYLOR, DEBBIE	5324 BROWN STREET	GRACEVILLE FL	<input checked="" type="checkbox"/>
D	FLOYD, BILL	5206 BROWN STREET	GRACEVILLE FL	<input checked="" type="checkbox"/>
D	SMITH, JERRY W.	5282 PEANUT ROAD	GRACEVILLE FL	<input checked="" type="checkbox"/>
D	TURNER, JOHN	950 PRIM AVE. STE. 12	GRACEVILLE FL	<input type="checkbox"/>
P	JACQUELINE S. MALONE	1082 WHITE AVE.	GRACEVILLE FL	<input type="checkbox"/>
D	KINCHEN, TOM	5400 COLLEGE DRIVE	GRACEVILLE FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
Director	Patty Segrest	5373 BROWN ST.	GRACEVILLE, FL 32440	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director - V. President	Tommy Williams	5283 BROWN ST.	GRACEVILLE, FL 32440	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Wendall Johnson	906 6th AVE.	GRACEVILLE, FL 32440	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Thomas W. Williams, V. Pres. Thomas W. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1/17/97 Daytime Phone # 203-9289

CR2E037 (9/96)