

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90112 044 ****61.25

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DOCUMENT # N45712

1. Corporation Name

GRACEVILLE AREA CHAMBER OF COMMERCE, INC.

Principal Place of Business

**5224 BROWN ST
GRACEVILLE FL 32440
US**

Mailing Address

**P.O. BOX 661 NA
GRACEVILLE FL 32440
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

10/22/1991

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

9. Name and Address of Current Registered Agent

**FUQUA, H. MATTHEW
4450 LAFAYETTE ST
MARIANNA FL 32446**

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 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 **D** ☒ DELETE
NAME **SEGREST, PATTY**
STREET ADDRESS **5373 BROWN ST**
CITY-ST-ZIP **GRACEVILLE FL**

TITLE **DVP** ☐ DELETE
NAME **WILLIAMS, TOMMY**
STREET ADDRESS **5283 BROWN ST**
CITY-ST-ZIP **GRACEVILLE FL**

TITLE **DT** ☐ DELETE
NAME **CAROL SMITH**
STREET ADDRESS **5306 BROWN ST**
CITY-ST-ZIP **GRACEVILLE FL 32440**

TITLE **D** ☐ DELETE
NAME **TURNER, JOHN**
STREET ADDRESS **950 PRIM AVE. STE. 12**
CITY-ST-ZIP **GRACEVILLE FL**

TITLE **P** ☒ DELETE
NAME **JACQUELINE S. MALONE**
STREET ADDRESS **1082 WHITE AVE.**
CITY-ST-ZIP **GRACEVILLE FL**

TITLE **D** ☐ DELETE
NAME **KINCHEN, TOM**
STREET ADDRESS **5400 COLLEGE DRIVE**
CITY-ST-ZIP **GRACEVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **MALONE, JACQUELINE J.**
1.3 STREET ADDRESS **1082 WHITE AVE**
1.4 CITY-ST-ZIP **GRACEVILLE, FL 32440**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **P** ☐ Change ☒ Addition
5.2 NAME **DOROTHY L. PADGETT**
5.3 STREET ADDRESS **5390 COTTON ST**
5.4 CITY-ST-ZIP **GRACEVILLE, FL 32440**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)