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 16 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002829 (9)

1. Corporation Name

THE GREATER VOLUSIA COUNTY CHAMBER OF COMMERCE, INC.

Principal Place of Business	Mailing Address
547 EAST NEW YORK AVENUE DELAND FL 32724	547 EAST NEW YORK AVENUE DELAND FL 32724

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/06/1994
3a. Date of Last Report:
4. FEI Number: 59-3259333 ☐ Applied For ☐ Not Applicable

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

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** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

BRADY, DENNIS
~~1347 SOUTH WASHINGTON AVENUE~~
~~TITUSVILLE FL 32780~~

10. Name and Address of New Registered Agent

81 Name: Brady, Dennis
82 Street Address (P.O. Box Number is Not Acceptable): 547 East Route 44
83
84 City: Deland, FL 85 Zip Code: 32724

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	President	☑ Change ☐ Addition
NAME	BRADY, DENNIS	12 NAME	Brady, Dennis	Address
STREET ADDRESS	1347 S. WASHINGTON AVENUE	13 STREET ADDRESS	547 E. Route 44	
CITY-ST-ZIP	TITUSVILLE FL 32780	14 CITY-ST-ZIP	Deland, FL. 32724	
TITLE	D	21 TITLE	Director	☑ Change ☐ Addition
NAME	BRADY, TAMMY	22 NAME	Brady, Tammy	Address
STREET ADDRESS	1347 S. WASHINGTON AVENUE	23 STREET ADDRESS	547 East Route 44	
CITY-ST-ZIP	TITUSVILLE FL 32780	24 CITY-ST-ZIP	Deland, FL. 32724	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	CHESSON, DAVID A	32 NAME		
STREET ADDRESS	1012 GREGG STREET	33 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Dennis Brady 5/1/95 904-738-4583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0031748