

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **N94000005381 (8)**

1. Corporation Name

THE CHAMBERS FARM GATHERING COMMITTEE, INC.

5/17/95 11 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

176 NE 168TH COURT
SILVER SPRINGS FL 34488

176 NE 168TH COURT
SILVER SPRINGS FL 34488

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/31/1994

3a. Date of Last Report
10/31/94

4. FEI Number

59-3277638

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

Country

28 Zip

Country

24

25

29

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

10. Name and Address of New Registered Agent

**HOLCOMB, PATRICIA L
176 NE 168TH COURT
SILVER SPRINGS FL 34488**

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

(Signature, typed or printed name of registered agent and title of corporation)

(Signature, typed or printed name of registered agent and title of corporation)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	GARNER, MIKE
STREET ADDRESS	POST OFFICE BOX 456
CITY, ST, ZIP	ORANGE SPRINGS FL 32182
TITLE	SD
NAME	KLEBES, TED T
STREET ADDRESS	171 NE 167TH COURT
CITY, ST, ZIP	SILVER SPRINGS FL 34488
TITLE	TD
NAME	HOLCOMB, DONALD L
STREET ADDRESS	176 NE 168TH COURT
CITY, ST, ZIP	SILVER SPRINGS FL 34488
TITLE	D
NAME	CHAMBERS, NONA R
STREET ADDRESS	2400 NE CO. HWY. 315
CITY, ST, ZIP	FORT MCCOY FL 32134
TITLE	D
NAME	CHAMBERS, SHERMAN E
STREET ADDRESS	2400 NE CO. HWY. 315
CITY, ST, ZIP	FORT MCCOY FL 32134
TITLE	D
NAME	RICHARDSON, BILL T
STREET ADDRESS	709 NE 12TH AVENUE
CITY, ST, ZIP	OCALA FL 34470

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	GC	☐ Change ☒ Addition
12 NAME	HOLCOMB, PATRICIA	
13 STREET ADDRESS	176 NE, 168TH CT	
14 CITY, ST, ZIP	SILVER SPRINGS, FL 34488	
21 TITLE	D	☐ Change ☒ Addition
22 NAME	BOB ACORN	
23 STREET ADDRESS	17195 S.E. 249th AVE	
24 CITY, ST, ZIP	UMATILLA, FL 32184	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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(2)(b), 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, 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:

Donald L. Holcomb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95

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