

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000005381 (8)

1. Corporation Name

THE CHAMBERS FARM GATHERING COMMITTEE, INC.



Principal Place of Business: **176 NE 168TH COURT SILVER SPRINGS FL 34488**
Mailing Address: **176 NE 168TH COURT SILVER SPRINGS FL 34488**

3. Date Incorporated or Qualified: **10/31/1994**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3277638**
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

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

9. Name and Address of Current Registered Agent
**HOLCOMB, PATRICIA L
176 NE 168TH COURT
SILVER SPRINGS FL 34488**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CHAIRPERSON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARNER, MIKE	1.2 NAME	PATRICIA M. HOLCOMB
STREET ADDRESS	POST OFFICE BOX 456	1.3 STREET ADDRESS	176 N.E. 168TH COURT
CITY - ST - ZIP	ORANGE SPRINGS FL 32182	1.4 CITY - ST - ZIP	SILVER SPRINGS FL 34488
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEBES, TED T	2.2 NAME	
STREET ADDRESS	171 NE 167TH COURT	2.3 STREET ADDRESS	
CITY - ST - ZIP	SILVER SPRINGS FL 34488	2.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLCOMB, DONALD L	3.2 NAME	
STREET ADDRESS	176 NE 168TH COURT	3.3 STREET ADDRESS	
CITY - ST - ZIP	SILVER SPRINGS FL 34488	3.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERS, NONA R	4.2 NAME	MAYNOR VANCE
STREET ADDRESS	2400 NE CO. HWY. 315	4.3 STREET ADDRESS	17305 N.E. 38TH LANE RD
CITY - ST - ZIP	FORT MCCOY FL 32134	4.4 CITY - ST - ZIP	SILVER SPRINGS, FL 34488
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERS, SHERMAN E	5.2 NAME	
STREET ADDRESS	2400 NE CO. HWY. 315	5.3 STREET ADDRESS	
CITY - ST - ZIP	FORT MCCOY FL 32134	5.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, BILL T	6.2 NAME	
STREET ADDRESS	709 NE 12TH AVENUE	6.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL 34470	6.4 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)(k), 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: *Patricia M. Holcomb* **July 21, 1996** (352) 625-2279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (3/96)