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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000005381

1. Corporation Name
THE CHAMBERS FARM GATHERING COMMITTEE, INC.

Principal Place of Business CHAMBERS FARM 22400 NE HWY 315 FT. MCCOY FL 32134	Mailing Address 17195 SE 249TH AVE UMATILLA FL 32784
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	10/31/1994
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-3277638
24 Country	29 Country	Applied For
	30	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

ACHORN, ROBERT E 17195 SE 249TH AVE UMATILLA FL 32784		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number Is Not Acceptable)	FL
		83	
		84 City	

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: Robert E. Achorn DATE: 1-21-99

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	T CHAMBERS, NORA <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERS, NORA	1.2 NAME	
STREET ADDRESS	22400 NE HWY 315	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MCCOY FL 32134	1.4 CITY-ST-ZIP	
TITLE	T CHAMBERS, SHERMAN <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERS, SHERMAN	2.2 NAME	
STREET ADDRESS	22400 NE HWY 315	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MCCOY FL 32134	2.4 CITY-ST-ZIP	
TITLE	T Chairman <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACHORN, ROBERT E	3.2 NAME	
STREET ADDRESS	17195 SE 249TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL 32784	3.4 CITY-ST-ZIP	
TITLE	A/ke Brown Director <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	22400 NE Hwy 315	4.2 NAME	
STREET ADDRESS	Ft McCoy, Fl. 32134	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	Lee Young Director <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	17195 SE. 249th Ave	5.2 NAME	
STREET ADDRESS	Umatilla, Fla 32784	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Robert E. Achorn DATE: 1-21-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)