

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90131 039 ****70.00

DOCUMENT # N94000005381

1. Entity 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**

2. Principal Place of Business
SAME

3. Mailing Address
P.O. 2316

Suite, Apt. #, etc.
SILVER SPRINGS

City & State
FLORIDA

Zip
34489

Country
MARION



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3277638**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~ACHORN, ROBERT E
17195 SE 249TH AVE
UMATILLA FL 32784~~

SELMA PALMER
P.O. 2316
SILVER SPRINGS, FL
34489

7. Name and Address of New Registered Agent

Name
SELMA PALMER

Street Address (P.O. Box Number is Not Acceptable)
2255 NE 115th AVE

City
SILVER SPRINGS

City
FL

Zip Code
34489

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Selma Palmer*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **03/10/03**

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE TC	<input checked="" type="checkbox"/> Delete
NAME ACHORN, ROBERT E	
STREET ADDRESS 17195 SE 249TH AVE	
CITY-ST-ZIP UMATILLA FL 32784	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME BROWN, AILE	
STREET ADDRESS 22400 NE HWY 315	
CITY-ST-ZIP FT MCCOY FL 32134	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME YOUNG, LEE	
STREET ADDRESS 17195 SE 249TH AVE	
CITY-ST-ZIP UMOTILLE FL 32784	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE DIR/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KATHERINE COX RENNER	
STREET ADDRESS 2255 NE 115th AVE.	
CITY-ST-ZIP SILVER SPRINGS FL 34488	
TITLE D-C-M-P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SELMA PALMER	
STREET ADDRESS PO 2316	
CITY-ST-ZIP SILVER SPGS. FL 34489	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JERRY LANG	
STREET ADDRESS 1283 PROVIDENCE RD.	
CITY-ST-ZIP Whigham, GA 31797	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Selma Palmer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **03/10/03** **352-625-2764**

CR2E037 (10/02)