

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2000 8:00 am
Secretary of State

06-20-2000 90008 044 ****61.25

DOCUMENT # N97000006399

1. Entity Name
THE WEWAHITCHKA CHAMBER OF COMMERCE, INC.

Principal Place of Business WEWAHITCHKA COFC 636 S SECOND ST WEWAHITCHKA FL 32465	Mailing Address P.O. BOX 628 WEWAHITCHKA FL 32465-0628
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1730 Hwy 386	3. Mailing Address P.O. Box 628
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Wewahitchka FL	City & State Wewahitchka FL
Zip 32465	Zip 32465
Country Gulf	Country Gulf

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PETTIS, R. CHARLES
 744 PETTIS LN
 WEWAHITCHKA FL 32465**

7. Name and Address of New Registered Agent

Name: **Thomas L. Semmes**
 Street Address (P.O. Box Number is Not Acceptable):
**1730 Hwy 386
 Wewahitchka FL 32465**

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.

SIGNATURE: **Thomas L. Semmes PD** (Signature, typed or printed name of registered agent and title if applicable.)
 Signature: *[Handwritten Signature]* (NOTE: Registered Agent signature required when reinstating.)
 DATE: **10/June/00**

**FILE NOW:
 FEE IS \$61.25**

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD	<input checked="" type="checkbox"/> Delete
NAME PETTIS, R. CHARLES	
STREET ADDRESS 244 PETTIS LN	
CITY-ST-ZIP WEWAHITCHKA FL 32465	
TITLE VD	<input type="checkbox"/> Delete
NAME SEMME, HUGH	
STREET ADDRESS 1940 NO. HWY 71	
CITY-ST-ZIP WEWAHITCHKA FL 32465	
TITLE SD	<input checked="" type="checkbox"/> Delete
NAME HARDEN, PAM	
STREET ADDRESS 1730 HWY 386	
CITY-ST-ZIP WEWAHITCHKA FL 32465	
TITLE TD	<input type="checkbox"/> Delete
NAME SEMME, THOMAS	
STREET ADDRESS 1730 HWY 386	
CITY-ST-ZIP WEWAHITCHKA FL 32465	
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 PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Thomas L. Semmes	
STREET ADDRESS 1730 Hwy 386	
CITY-ST-ZIP Wewahitchka, FL 32465	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Brenda MARTIN	
STREET ADDRESS 1730 Hwy 386	
CITY-ST-ZIP Wewahitchka, FL 32465	
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: **SIGNATURE REQUIRED** *[Handwritten Signature]* **6/10/00 (850) 639-5345**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)