


FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90296 046 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000000693					
1. Corporation Name FORT WHITE AREA CHAMBER OF COMMERCE, INC.					
Principal Place of Business RT. 1 BOX 816 FORT WHITE FL 32038			Mailing Address RT. 1 BOX 816 FORT WHITE FL 32038		



2. Principal Place of Business 21 Rt 3 Box 1000 Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 634 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/05/1998	
22. City & State 23 FORT WHITE FL Zip Country		27. City & State 28 FORT WHITE FL Zip Country		4. FEI Number 59-3489252 <input checked="" type="checkbox"/> Applied For Not Applicable	
24 32038 25 Columbia		29 32038 30 Columbia		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent WHITLEY, WILLIAM E RT. 2 BOX 945 HIGH SPRINGS FL 32643				10. Name and Address of New Registered Agent 81 Name PATRICIA RILEY 82 Street Address (P.O. Box Number is Not Acceptable) Rt 9 Box 2316 83 84 City LAKE CITY FL Zip Code 32024	
11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 Patricia Riley PRES. DATE 3-24-99 <small>(NOTE: Registered Agent signature required when reinstating)</small>					

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DELETE	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DELETE	2.1 TITLE	Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DELETE	3.1 TITLE	Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DELETE	4.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETE	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETE	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA RILEY

Date

5/10/99

Daytime Phone #

904-497-4006

CR2E037 (11/98)