2005 NOT-FOR-PROFIT CORPORATION

Feb 11, 2005 8:00 am - - - ANNUAL REPORT **Secretary of State** DOCUMENT # N98000005940 02-11-2005 90054 041 ****61.25 **FANNING SPRINGS GREATER CHAMBER OF** COMMERCE & FESTIVAL OF LIGHTS, INC. Principal Place of Business Mailing Address 17871 NW US 19 17871 NW US 19 5001436n FANNING SPRINGS, FL 32693 FANNING SPRINGS, FL 32693 2. Principal Place of Business 3. Mailing Address 17456 NW Hwv 19 <u>17456 NW Hwy 19</u> Suite, Apt. #, etc. Suite, Apt. #, etc. 01242005 Chq-NP CR2E037 (10/03) 17357 City & State City & State 4. FEI Number 59-3535298 Applied For Fanning Springs, Fanning Springs, Fl Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32693 2693 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NEKOLA, CHERYL 17871 N.W. HIGHWAY 19 Street Address (P.O. Box Number is Not Acceptable) FANNING SPRINGS, FL 32693 17456 NW Hwy 19 Zip Code 32693 Fanning Springs 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 agen SIGNATURE (NOTE: Registered Agent signature required when reinstation) 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be П Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. IIILE ☐ Delete TITLE Addition **□**KChange PD NEKOLA, CHERYL NAME NAME NEKOLA, CHERYL STREET ADDRESS 17871 NW US 19 STREET ADDRESS 17456 NW Hwy 19 Fanning Springs, CITY-ST-ZIP FANNING SPRINGS, FL 32693 CITY-ST-ZIP f1 TITLE ☐ Addition ☐ Delete TITLE Change SUNDBERG, RONALD NAME STREET ADDRESS 16850 NW OLD FANNING RD STREET ADDRESS FANNING SPRINGS, FL 32693 CITY-ST-ZIP CITY-ST-ZIP STD TITLE ☐ Delete IIILE ☐ Change ☐ Addition LINDSEY, RUTH ANN NAME NAME STREET ADDRESS POST OFFICE BOX 1643 N/A STREET ADDRESS CITY-ST-ZIP OLD TOWN, FL 32680 CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Change Addition MARKE SANFORD REBECCA NAME STREET ADDRESS POST OFFICE BOX 1222 N/A STREET ADDRESS CITY-ST-719 OLD TOWN, FL 32680 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition JOLLEY, MARY FRANCES NAME NAME STREET ADDRESS 8551 N.W. 173RD PLACE STREET ADDRESS CITY-ST-ZIP FANNING SPRINGS, FL 32693 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 trustal 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 A with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Cheryl Nekola

1/31/05

352-463-9089

FILED

Daytime Phone #