

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90241 034 ****61.25

DOCUMENT # N98000005940 1. Entity Name FANNING SPRINGS GREATER CHAMBER OF COMMERCE & FESTIVAL OF LIGHTS, INC.			
Principal Place of Business 17871 NW HWY 19 FANNING SPRINGS, FL 32693		Mailing Address 17871 NW HWY 19 FANNING SPRINGS, FL 32693	
2. Principal Place of Business <i>17456 NW US Hwy 19</i> Suite, Apt. #, etc.		3. Mailing Address <i>17456 NW US Hwy 19</i> Suite, Apt. #, etc.	
City & State <i>Fanning Springs FL</i> Zip <i>32693</i>		City & State <i>Fanning Springs, FL</i> Zip <i>32693</i>	
Country <i>USA</i>		Country <i>USA</i>	
6. Name and Address of Current Registered Agent NEKOLA, CHERYL 17456 NW HWY 19 FANNING SPRINGS, FL 32693 		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <i>Cheryl Nekola</i> <i>1/10/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEKOLA, CHERYL 17456 NW HWY 19 FANNING SPRINGS, FL 32693 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SUNDBERG, RONALD 16850 NW OLD FANNING RD FANNING SPRINGS, FL 32693 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LINDSEY, RUTH ANN POST OFFICE BOX 1643 N/A OLD TOWN, FL 32680 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANFORD, REBECCA POST OFFICE BOX 1222 N/A OLD TOWN, FL 32680 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOLLEY, MARY FRANCES 8551 N.W. 173RD PLACE FANNING SPRINGS, FL 32693 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Cheryl Nekola</i> <i>Cheryl Nekola</i> <i>1/10/06</i> <i>352-463-2919</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			