

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90028 047 ****61.25

DOCUMENT # N98000005940

1. Entity Name
**FANNING SPRINGS GREATER CHAMBER OF
COMMERCE & FESTIVAL OF LIGHTS, INC.**



Principal Place of Business
**17456 NW US HWY 19
FANNING SPRINGS, FL 32693**

Mailing Address
**17456 NW US HWY 19
FANNING SPRINGS, FL 32693**

300000070



01152007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3535298

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NEKOLA, CHERYL
17456 NW HWY 19
FANNING SPRINGS, FL 32693**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when re-stating)

DATE

Cheryl Nekola

1/17/06

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NEKOLA, CHERYL
STREET ADDRESS 17456 NW HWY 19
CITY-ST-ZIP FANNING SPRINGS, FL 32693

TITLE VPD
NAME SUNDBERG, RONALD
STREET ADDRESS 16850 NW OLD FANNING RD
CITY-ST-ZIP FANNING SPRINGS, FL 32693

TITLE STD
NAME LINDSEY, RUTH ANN
STREET ADDRESS POST OFFICE BOX 1643 N/A
CITY-ST-ZIP OLD TOWN, FL 32680

TITLE D
NAME SANFORD, REBECCA
STREET ADDRESS POST OFFICE BOX 1222 N/A
CITY-ST-ZIP OLD TOWN, FL 32680

TITLE D
NAME JOLLEY, MARY FRANCES
STREET ADDRESS 8551 N.W. 173RD PLACE
CITY-ST-ZIP FANNING SPRINGS, FL 32693

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cheryl Nekola

Date

1/17/07 352-463-9089

Daytime Phone #