

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 08:00 A**  
**Secretary of State**

**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**



02082008 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*2-8-08*

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

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

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

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

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

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

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02/20/08-80011-015 61.25

**DO NOT WRITE  
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:

*Cheryl Nekola*  
signature and typed or printed name of signing officer/date/department

*2-8-08 352-463-7919*