

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthart
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 20, 1996 08:00 AM
Secretary of State

DOCUMENT # **700884** (0)

1. Corporation Name

HAINES CITY CHAMBER OF COMMERCE, INC.



500001834105
-05/22/96--01027--003

Principal Place of Business Mailing Address
HIGHWAY 27, NORTH P.O. BOX 986 HAINES CITY FL 33845-0986

3. Date Incorporated or Qualified 04/30/1960	3a. Date of Last Report 02/13/1995
4. FEI Number 59-0585597	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GAY, JUDY C
908 HWY. 27 NORTH
P.O. BOX 986
HAINES CITY FL 33844

81 Name	Ford, Steve		
82 Street Address (P.O. Box Number is Not Acceptable)	908 Hwy 27 North		
83	P O Box 985		
84 City	Haines City	85 Zip Code	FL 33844

14. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 Steve Ford Steve Ford DATE **3/25/96**

12. OFFICERS AND DIRECTORS	
TITLE	VPD <input type="checkbox"/> DELETE
NAME	CAREFOOT, GEORGE
STREET ADDRESS	7722 SR 544 E
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WRAY, LARRY
STREET ADDRESS	306 S. 10TH ST.
CITY-ST-ZIP	HAINES CITY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	NELSON, JIM
STREET ADDRESS	617 U.S. HWY 17-92 W.
CITY-ST-ZIP	HAINES CITY FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	TAYLOR, VICKIE
STREET ADDRESS	250 MAGNOLIA AVE.
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	HIGGINS, KEN
STREET ADDRESS	1550 US HWY 27 S
CITY-ST-ZIP	HAINES CITY FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	PARTAIN, SYLVIA
STREET ADDRESS	7700 STATE ROAD 544
CITY-ST-ZIP	WINTER HAVEN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Partain, Sylvia
1.3 STREET ADDRESS	Ridge Technical Center 33881
1.4 CITY-ST-ZIP	7700 SR 544 Winter Haven, FL33888
2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Carefoot, George
2.3 STREET ADDRESS	First National Bank of Polk Cty N/A
2.4 CITY-ST-ZIP	PO Box 188, Haines City, FL 33845
3.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Douglas, Jack
3.3 STREET ADDRESS	First Union National Bank N/A
3.4 CITY-ST-ZIP	P O Box 427, Haines City, FL 33845
4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Campbell, Jim
4.3 STREET ADDRESS	Campbell & Associates 33880
4.4 CITY-ST-ZIP	201 Ave G SW Winter Haven, FL
5.1 TITLE	Immediate Past Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Taylor, Vickie
5.3 STREET ADDRESS	NationsBank 33880
5.4 CITY-ST-ZIP	250 Magnolia Av, Winter Haven, FL
6.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Wray, Larry
6.3 STREET ADDRESS	Hospital Pharmacy N/A
6.4 CITY-ST-ZIP	PO Box 1834 Haines City, FL 33845

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Steve Ford Steve Ford DATE **3/25/96** 941-422-3751

CPZE037 (12/95)