


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997**  
**AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

**FILED**

**Jul 23 1997 8:00am**  
**Secretary of State**

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 700884 (0)**  
 1. Corporation Name  
**HAINES CITY CHAMBER OF COMMERCE, INC.**



Principal Place of Business HIGHWAY 27, NORTH P.O. BOX 986 HAINES CITY FL 33845-0986	Mailing Address HIGHWAY 27, NORTH P.O. BOX 986 HAINES CITY FL 33845-0986
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**DO NOT WRITE IN THIS SPACE**

3. Date Incorporated or Qualified <b>04/30/1960</b>	3a. Date of Last Report <b>05/20/1996</b>
4. FEI Number <b>59-0585597</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 25 Sulte, Apt. #, etc. 27 City & State 28 Zip Country
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**9. Name and Address of Current Registered Agent**

**FORD, STEVE**  
**908 HWY. 27 NORTH**  
**P.O. BOX 986**  
**HAINES CITY FL 33844**

**10. Name and Address of New Registered Agent**

81 Name <b>LORI CUNNINGHAM</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>908 U.S. HWY 27 N.</b>
83 P.O. Box <b>P.O. Box 986</b>
84 City <b>HAINES CITY</b>
85 Zip Code <b>FL 33844</b>

11. 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 *Lori Cunningham* DATE **7/15/97**  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE <b>PD</b>	NAME <b>PARTAIN, SYLVIA</b>	STREET ADDRESS <b>RIDGE TECHNICAL CENTER 7700 SR 544</b>	CITY-ST-ZIP <b>WINTER HAVEN FL 33881</b>	<input checked="" type="checkbox"/> DELETE
TITLE <b>VPD</b>	NAME <b>CAREFOOT, GEORGE</b>	STREET ADDRESS <b>PO BOX 188 N A</b>	CITY-ST-ZIP <b>HAINES CITY FL 33845</b>	<input checked="" type="checkbox"/> DELETE
TITLE <b>VPD</b>	NAME <b>DOUGLAS, JACK</b>	STREET ADDRESS <b>PO BOX 427 N A</b>	CITY-ST-ZIP <b>HAINES CITY FL 33845</b>	<input checked="" type="checkbox"/> DELETE
TITLE <b>T</b>	NAME <b>CAMPBELL, JIM</b>	STREET ADDRESS <b>201 AVE G SW</b>	CITY-ST-ZIP <b>WINTER HAVEN FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE <b>PD</b>	NAME <b>TAYLOR, VICKIE</b>	STREET ADDRESS <b>250 MAGNOLIA AVE.</b>	CITY-ST-ZIP <b>WINTER HAVEN FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE <b>C</b>	NAME <b>WRAY, LARRY</b>	STREET ADDRESS <b>PO BOX 1834 N A</b>	CITY-ST-ZIP <b>HAINES CITY FL 33845</b>	<input checked="" type="checkbox"/> DELETE

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE <b>PD</b>	1.2 NAME <b>GEORGE CAREFOOT</b>	1.3 STREET ADDRESS <b>7722 S.R. 544 EAST</b>	1.4 CITY-ST-ZIP <b>HAINES CITY, FL 33844</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE <b>VD</b>	2.2 NAME <b>JIM CAMPBELL</b>	2.3 STREET ADDRESS <b>201 AVE G. SW</b>	2.4 CITY-ST-ZIP <b>WINTER HAVEN, FL 33880</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE <b>VD</b>	3.2 NAME <b>JOYCE LOVEACE</b>	3.3 STREET ADDRESS <b>7722 S.R. 544 EAST</b>	3.4 CITY-ST-ZIP <b>HAINES CITY, FL 33844</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE <b>STD</b>	4.2 NAME <b>NELL JOHNSON</b>	4.3 STREET ADDRESS <b>290 CYPRESS GARDENS Blvd.</b>	4.4 CITY-ST-ZIP <b>WINTER HAVEN, FL 33880</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE <b>D</b>	5.2 NAME <b>SYLVIA PARTAIN</b>	5.3 STREET ADDRESS <b>7700 SR. 544 EAST</b>	5.4 CITY-ST-ZIP <b>WINTER HAVEN, FL 33881</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE <b>D</b>	6.2 NAME <b>RON BURCHFIELD</b>	6.3 STREET ADDRESS <b>902 U.S. HWY 27 N.</b>	6.4 CITY-ST-ZIP <b>HAINES CITY, FL 33844</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Lori Cunningham* DATE **7/15/97**

CPRE037 (4/97)