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Mar 04, 1999 8:00 am
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03-04-1999 90256 044 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 700884

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/30/1960	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-0585597	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CUNNINGHAM, LORI 908 US HWY 27 N P O BOX 986 HAINES CITY FL 33844				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	S/D/T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	CAREFOOT, GEORGE		1.2 NAME	DENNIS P. BROADAWAY			
STREET ADDRESS	7722 SR 544 EAST		1.3 STREET ADDRESS	RO. BOX 337			
CITY-ST-ZIP	HAINES CITY FL		1.4 CITY-ST-ZIP	HAINES CITY, FL 32845			
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CAMPBELL, JIM		2.2 NAME	CAMPBELL, JIM			
STREET ADDRESS	201 AVE G SW		2.3 STREET ADDRESS	201 AVE G. SW			
CITY-ST-ZIP	WINTER HAVEN FL		2.4 CITY-ST-ZIP	WINTER HAVEN, FL 33880			
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LOVELACE, JOYCE		3.2 NAME	LOVELACE, JOYCE			
STREET ADDRESS	7722 SR 544 EAST		3.3 STREET ADDRESS	7722 S.R. 544 EAST			
CITY-ST-ZIP	HAINES CITY FL		3.4 CITY-ST-ZIP	HAINES CITY, FL 33844			
TITLE	STD	<input type="checkbox"/> DELETE	4.1 TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MAHAFFEY, BOB		4.2 NAME	MAHAFFEY, BOB			
STREET ADDRESS	1615 US HWY 27 N		4.3 STREET ADDRESS	1615 U.S. HWY 27 N.			
CITY-ST-ZIP	DAVENPORT FL 33837		4.4 CITY-ST-ZIP	DAVENPORT, FL 33837			
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	MONTNEY, TILLIE		5.2 NAME	DR. EARLE E. LEE			
STREET ADDRESS	3200 SR 546		5.3 STREET ADDRESS	41 N. 20th STREET #17			
CITY-ST-ZIP	HAINES CITY FL 33844		5.4 CITY-ST-ZIP	HAINES CITY, FL 33844			
TITLE	VD	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BURCHFIELD, RON		6.2 NAME				
STREET ADDRESS	902 US HWY 27 N		6.3 STREET ADDRESS				
CITY-ST-ZIP	HAINES CITY FL		6.4 CITY-ST-ZIP				

14. I 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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 2/16/99 941-422-3751
Date Daytime Phone #

CR2E037 (11/98)