## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

717975 DOCUMENT #

(7)

DUNDEE CHAMBER OF COMMERCE, INC.

Principal Place of Business Mailing Address									
PO BOX 1000 DUNDEE FL 33838		PO BOX 1000 DUNDEE FL 33838							
						3. Date Incorporated or Qualified 01/29/1970	3a. Date of 02/0	Last F )1/19	
2. Principal Pla	ace of Business	2a. Mailing Address 26				4. FEI Number 59-2759164			
Suite, Apt. #, etc.		Suite, Apt. #, etc	<del></del>			5. Certificate of Status Desired	S8.75 Additional Fee Required		
City & State		City & State	├─¬ ´			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	-	ountry		8. This corporation has liability for in		der s. 1	199.032,
24	25	29	30	<del></del>		Florida Statutes L  10. Name and Address of New Re	Yes ☐ No	nt .	
	9. Name and Address of Currer	it Registered Agent		81	Name	IV. Halle Bild Address of New York	giotorou Agor		
CADDAIE	D DETED T					70 0 0 No. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
GARDNER, PETER T 105 CENTER ST				82	Street.	Address (P.O. Box Number is Not Acceptable	:)		
	FL 33838			83					
				84	City		FL 8	Zip	Code
11. Pursuant t	to the provisions of Sections 617.050	2 and 617,1508, Florida Statute	es, the a	bove-i	i named co	prporation submits this statement for the purp	ose of changin	g its re	gistered office
or register	ed agent, or both, in the State of Flori th, and accept the obligations of, Sec	da. Such change was authorize	ed by th	e corp	oration's	board of directors. I hereby accept the appo	ntment as region	stered a	agent. I am
	in, and accept the boligations of, occ.	torrorr, cooo, rional cialates							
SIGNATURE	Signature, typed or printed name of registered agen	Land the Lappicable (NO	TE: Registe	red Age	nt signature r	required when reinstating)	DATE		
12.		ID DIRECTORS	_	3.		ADDITIONS/CHANGES TO OFFICE	CERS AND DIF		RS IN: 12
TITLE	D	<b>₹</b> DELETE		1 THLE		D	1.40	lange	ADDITION
NAME	KOEPSELL, MIKE			2 NAME		Denise Watts			
STREET ADDRESS	230 E MAIN		1		I ADDRESS	806 Lisa Lane			
CHTY - ST - ZIP	DUNDEE FL 33838	DELETE		4 CITY - S 1 TITLE	ST - ZIP	Dundee, Florida 33838		nange	Addition
TITLE	D Charlebois, Dennis	Приси		2 NAME					
NAME EXPECT ADDRESS	207 US 27 SOUTH				T ADDRESS				
STREET ADDRESS	DUNDEE FL 33838			4 CITY -					
CITY - ST - ZIP TITLE	TDS	DELETE		1 TITLE	31 211		C	ange	☐ Addition
NAME	GARDNER, PETER		3	2 NAME					
STREET ADDRESS	905 EDMUND		3	3 STREE	I ADDRESS				
City - St - ZiP	DUNDEE FL 33838		3	4 CITY-	ST-Z(F				
TITLE	VD	<b>X</b> ) DELETE	4	1 TITLE		VD	C	nange	🔀 Addition
NAME	Webb, Debbie		4	2 NAME		Palmer, Dorothy			
STREET ADDRESS	302 7TH ST		4	3 STREE	1 ADDRESS	208 Greenhaven Drive			
CITY-ST-ZIP	DUNDEE FL 33838			4 CITY -	ST-21P	Dundee, Florida 338		hance	Addition
TITLE	PD DEPRIS	□ DELFTE	- 6	1 TITLE		1	Пc	hange	Addition
NAME	BASOM, DEBBIE			2 NAME					
STREET ADDRESS	1013 SR 542 W				T ADDRESS				
CITY-ST-ZIP	DUNDEE FL D	DELETE		4 CITY - 1 TITLE	51 - ZIP		Пс	nange	Addition
TiTLE	DANLEY, RICHARD	Пресен		2 NAME				<b>.</b>	
NAME STREET ADDRESS	243 US HWY 27 S		_ I ^		T ADDRESS				
CITY-ST-ZIP	DUNDEE FL			4 CiTY -					
4.4 Lalo bosok	and 6, that the information curoling	with this filing is voluntarily furr	riched a	nd doe	es not au	alify for the exemption stated in Section 119.	07(3)(k), Florida	Statut	es. I further
certify that		nual report or supplemental ann ioration or the receiver or truste	iual repo e empo			ocurate and that my signature shall have the ite this report as required by Chapter 617, Fig.			

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

a kamper kadar 140an yanga enga punak anya khari dengi Arbit Arbit Albit Albit Albit Albit