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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **717975** (7)

1. Corporation Name

DUNDEE CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

PO BOX 4680 241
DUNDEE FL 33838

PO BOX 4680 241
DUNDEE FL 33838

310 MAIN ST.

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/29/1970

4. FEI Number

59-2759164

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

GARDNER, PETER T
105 CENTER ST
DUNDEE FL 33838

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **WATTS, DENISE**
STREET ADDRESS **808 LISA LANE**
CITY - ST - ZIP **DUNDEE FL**

TITLE **D** ☐ DELETE
NAME **CHARLEBOIS, DENNIS**
STREET ADDRESS **207 US 27 SOUTH**
CITY - ST - ZIP **DUNDEE FL 33838**

TITLE **TDS** ☒ DELETE
NAME **GARDNER, PETER**
STREET ADDRESS **905 EDMUND**
CITY - ST - ZIP **DUNDEE FL 33838**

TITLE **VD** ☐ DELETE
NAME **PALMER, DOROTHY**
STREET ADDRESS **208 GREENHAVEN DRIVE**
CITY - ST - ZIP **DUNDEE FL**

TITLE **PD** ☒ DELETE
NAME **BASOM, DEBBIE**
STREET ADDRESS **1013 SR 542 W**
CITY - ST - ZIP **DUNDEE FL**

TITLE **D** ☒ DELETE
NAME **DANLEY, RICHARD**
STREET ADDRESS **243 US HWY 27 S**
CITY - ST - ZIP **DUNDEE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **RICK WRIGHT** ☐ Change ☒ Addition
1.2 NAME **PRESIDENT**
1.3 STREET ADDRESS **310 MAIN STREET**
1.4 CITY - ST - ZIP **DUNDEE, FL 33838**

2.1 TITLE **JANICE BANTNER** ☐ Change ☒ Addition
2.2 NAME **VICE - PRESIDENT**
2.3 STREET ADDRESS **340 US HWY. 27 NORTH**
2.4 CITY - ST - ZIP **DUNDEE, FL 33838**

3.1 TITLE **BRENDA WILLARD** ☐ Change ☒ Addition
3.2 NAME **SECRETARY**
3.3 STREET ADDRESS **37 W. TILMAN AVE.**
3.4 CITY - ST - ZIP **LAKE WALES, FL 33853**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

[Signature]

3-16-98

439-3261
439-1591

CR2E037 (10/97)