# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 717975

1. Entity Name

DUNDEE AREA CHAMBER OF COMMERCE INC.

**FILED**
**Jun 20, 2008 08:00 AM**
**Secretary of State**

| Principal Place of Business | Mailing Address |
|---|---|
| 310 MAIN STREET<br>DUNDEE FL 33838 | POST OFFICE BOX 241<br>DUNDEE FL 33838 |

2nd MOORE CR2E037 (4/08)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-2759164 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| SHIPE, MICHELE<br>813 WAKULLA DRIVE<br>WINTER HAVEN FL 33884 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS $61.25**
**Due By September 3, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>DECK, JAKE<br>5661 CYPRESS GARDENS BOULEVARD<br>WINTER HAVEN FL 33884 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>SHIPE, MICHELE<br>813 WAKULLA DRIVE<br>WINTER HAVEN FL 33884 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>U00000353285<br>06/20/08-80001-020 61.25 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MALLORY, ROBERT<br>PO BOX 828<br>DUNDEE FL 33838 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>COLLINS, THERESA<br>5665 CYPRESS GARDENS BOULEVARD<br>WINTER HAVEN FL 33884 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>MARTIN-HALL, JOEANNE<br>PO BOX 963<br>DUNDEE FL 33838 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SKIPPER, KATHRYN<br>3713 MASTERPIECE ROAD<br>LAKE WALES FL 33898 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ July 2008