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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

(5)

LEHIGH ACRES CHAMBER OF COMMERCE, INC.

LETTION	AONEO ONAMBEN OF O	OHMILLIOL, IIIO							
Principal Place of Business Mailing Address					-		IEH BIBH BIBH	81911 81811 I	
1110 HOMESTEAD RD			70-7757			Date Incorporated or Qualified	3a Dote	of Last f	Danad
		U\$				09/26/1980		4/18/19	
2. Principal Plac	ce of Business	2a. Mailing Address	¬ ~ ~			4. FEI Number 59-1731367	Applied For Not Applicable		
Suite, Apt. #	etc.	Suite, Apt. #, etc.							Additional
22		27	<del>-</del>			5. Certificate of Status Desired Fee Required			
City & State		City & State	¬ '			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country		Zip Country		This corporation has liability for in	tangible tax				
24	25	29	30			Florida Statutes			
	9. Name and Address of Curre	nt Registered Agent		31	Name	10. Name and Address of New Re	gistered A	gent	
ANOFOC	ON ID CHOCKE W		L				<del></del>		
	DN JR., EUGENE W. ATEWAY GREENS DR., UNIT 3	23		82	Street A	ddress (P.O. Box Number is Not Acceptable	<del>)</del> )		
	/ERS FL 33913	L	1	93					
			Į	B4	City			<b>85</b> Zip	Code
		20 and C17 1500. Florido Ptotut	on the about		mod on	poration submits this statement for the purp	FL ose of chan	oino ite ri	oistered office
or registere familiar with SIGNATURE	ed agent, or both, in the State of Flor n, and accept the obligations of, Sec	rida. Such change was authoriz ction 617.0503, Florida Statutes	ed by the co s.	orpor	ration's t	poard of directors. I hereby accept the appo	intment as re	egistered	agent. I am
12.	Signature, typed or printed name of registered age:	nt and title if applicable. (NO ND DIRECTORS	13.	lgent s	signature re	quired when reinstating)  ADDITIONS/CHANGES TO OFFI		DIRECTO	RS IN 12
TITLE	PD	DELETE	1.1 TITL	LE .		PD		] Change	Addition
NAME	ANDERSON, FRED J	<i>(</i> -	1.2 NAN	ME		BELL, BEN			,
STREET ADDRESS	1401 KIMDALE ST.		1.3 STR	REET A	DDRESS	1000 LEE BLVD., ST	E. 30	1	
CITY-ST-ZIP	LEHIGH ACRES FL	<b>⊠</b> 0€LETE	1.4 CIT		-ZIP	LEHIGH ACRES FL	Т	Change	Addition
TITLE NAME	FORTANA, JIM			2 1 TITLE 2 2 NAME		VD	_	1 Oriongs	Pag Fladicion
STREET ADDRESS	201 E JOEL BLVD				DDRESS	GOODLAD, TERESA 702 W LEELAND HEIGH	HTS RI	LVD	
CITY-ST-ZIP	LEHIGH ACRES FL		2. 4 CIT	ry-St	- 21P	LEHIGH ACRES FL	HIP DI		
TITLE	TD DELETE		3.1 TITU	3.1 TITLE		TD		] Change	Addition
NAME	KANE, JIM	r	3.2 NAI			HORN, BILL			•
STREET AODRESS	1360 HOMESTEAD RD LEHIGH ACRES FL				DDRESS	225 E JOEL BLVD			
CITY-ST-ZIP TITLE		PEO DELETE		<u>ry-st</u> Le	-21P	LEHIGH ACRES FL		Change	Addition
NAME		MCWILLIAMS, JOHN				PED ANDERSON, BETH			/
STREET ADDRESS	1400 HOMESTEAD RD		4 3 STF	REET A	NDDRESS	1401 KIMDALE ST			
CITY-ST-ZIP	LEHIGH ACRES FL	Floritie	4.4 CIT		- ZIP	LEHIGH ACRES FL	<del></del>	Change	☐ Addition
TITLE	MD	DEFELE	5.1 TIT				L	T cusude	L_] Addition
NAME PROFES ADDRESS	ANDERSON, EUGENE W. JI 12051 GATEWAY GREENS I		5.2 NA		ADORESS				
STREET ADDRESS	FT. MYERS FL	UTI., UNIT JEJ							
CITY-ST-ZIP TITLE	III MILIO IL	DELETE		5.4 CITY-ST-ZIP 6.1 TITLE				] Change	Addition
NAME			62 NA	ME		İ			
STREET ADDRESS			63 STI	REET A	ADDRESS				
CITY-ST-ZIP			64 CIT	Y-ST	- ZIP	***************************************	O7/2)/[/a   E1=-	ido Cast -	ton I filiathor
certify that	the information indicated on this or	nnual report or supplemental and poration or the receiver or truste	nual report is ee empower	2 11116	ചെയ്യുന	lify for the exemption stated in Section 119. curate and that my signature shall have the e this report as required by Chapter 617, Fir	Same ledal i	HIIHGI 215 1	i mane under

SIGNATURE:

Suranderson JE EUGENE W ANDERSON JE SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ON JE

4/10/96

CR2E037 (12/95)