FILE NOW: FILING FEE IS $61.25

FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **754370** **(5)**

1. Corporation Name

LEHIGH ACRES CHAMBER OF COMMERCE, INC.

Principal Place of Business	Mailing Address
~~1110 HOMESTEAD RD~~ LEHIGH ACRES FL ~~33970-7757~~ US	~~1110 HOMESTEAD RD~~ P.O. BOX 757 LEHIGH ACRES FL 33970-0757 US

3. Date Incorporated or Qualified: 09/26/1980
3a. Date of Last Report: 04/17/1996

2. Principal Place of Business
21 4109 Lee Blvd
Suite, Apt. #, etc. 22
City & State 23
Zip 24: 33971 Country 25

2a. Mailing Address
26 4109 Lee Blvd
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 59-1731367 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ANDERSON JR., EUGENE W.
12501 GATEWAY GREENS DR., UNIT 323
FORT MYERS FL 33913

10. Name and Address of New Registered Agent

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	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	BELL, BEN		1.2 NAME	Phebus, Jim	
STREET ADDRESS	1000 LEE BLVD SUITE 301		1.3 STREET ADDRESS	1305 Homestead Rd Suite 2	
CITY-ST-ZIP	LEHIGH ACRES FL		1.4 CITY-ST-ZIP	Lehigh Acres FL	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	GOODLAD, TERESA		2.2 NAME	Nicely, Rae	
STREET ADDRESS	702 W LEELAND HEIGHTS BLVD		2.3 STREET ADDRESS	3800 Michigan Ave.	
CITY-ST-ZIP	LEHIGH ACRES FL		2.4 CITY-ST-ZIP	Fort Myers FL	
TITLE	TD	☒ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	HORN, BILL		3.2 NAME	Bagans, Rob	
STREET ADDRESS	225 E JOEL BLVD		3.3 STREET ADDRESS	30 Colorado Rd	
CITY-ST-ZIP	LEHIGH ACRES FL		3.4 CITY-ST-ZIP	Lehigh Acres FL	
TITLE	PED	☒ DELETE	4.1 TITLE	PED	☒ Change ☐ Addition
NAME	ANDEROSN, BETH		4.2 NAME	Hodde, Chuck	
STREET ADDRESS	1401 KIMDALE STREET		4.3 STREET ADDRESS	1468 Lee Blvd	
CITY-ST-ZIP	LEHIGH ACRES FL		4.4 CITY-ST-ZIP	Lehigh Acres FL	
TITLE	MD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, EUGENE W. JR		5.2 NAME		
STREET ADDRESS	12051 GATEWAY GREENS DR., UNIT 323		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.