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Feb 12 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 # 754370 (5)
1. Corporation Name
LEHIGH ACRES CHAMBER OF COMMERCE, INC.



Principal Place of Business 4109 LEE BLVD. LEHIGH ACRES FL 33971 US	Mailing Address 4109 LEE BLVD. P.O. BOX 757 LEHIGH ACRES FL 33971 US
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3. Date Incorporated or Qualified 09/26/1980
4. FEI Number 59-1731367
Applied For ☐ Yes ☒ Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name JOAN FERSTER
82 Street Address (P.O. Box Number is Not Acceptable) 4109 LEE BLVD. + DOUGLAS AVE.
83
84 City LEHIGH ACRES FL
85 Zip Code 33971

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 *Joan Ferster* (NOTE: Registered Agent signature required when reinstating) DATE **1/30/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☒ DELETE	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	PHEBUS, JIM	1.2 NAME	KENNETH K. THOMPSON, ATTORNEY
STREET ADDRESS	1305 HOMESTEAD RD, STE. 2	1.3 STREET ADDRESS	4030 JOAN AVE
CITY-ST-ZIP	LEHIGH ACRES FL	1.4 CITY-ST-ZIP	LEHIGH ACRES, FL 33971
TITLE	VD ☒ DELETE	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	NICELY, RAE	2.2 NAME	DANEEN YOUNG - HONEYWELL INC.
STREET ADDRESS	3800 MICHIGAN AVE.	2.3 STREET ADDRESS	7091 PINNACLE PR., STE. E.
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	TD ☒ DELETE	3.1 TITLE	TD ☒ Change ☐ Addition
NAME	BAGANS, ROB	3.2 NAME	PATTY MATHNEY VEALEY - SUNTRUST BK.
STREET ADDRESS	30 COLORADO RD.	3.3 STREET ADDRESS	1110 HOMESTEAD RD
CITY-ST-ZIP	LEHIGH ACRES FL	3.4 CITY-ST-ZIP	LEHIGH ACRES, FL 33936
TITLE	PED ☒ DELETE	4.1 TITLE	PED ☒ Change ☐ Addition
NAME	HODDE, CHUCK	4.2 NAME	BEN BELL - ALL STATE INSURANCE
STREET ADDRESS	1488 LEE BLVD.	4.3 STREET ADDRESS	1000 LEE BLVD., STE 302
CITY-ST-ZIP	LEHIGH ACRES FL	4.4 CITY-ST-ZIP	LEHIGH ACRES, FL 33936
TITLE	MD ☒ DELETE	5.1 TITLE	MD ☒ Change ☐ Addition
NAME	ANDERSON, EUGENE W. JR	5.2 NAME	JOAN FERSTER
STREET ADDRESS	12051 GATEWAY GREENS DR., UNIT 323	5.3 STREET ADDRESS	4109 LEE BLVD. + DOUGLAS BLVD.
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP	LEHIGH ACRES, FL 33971
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	

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: *Joan Ferster* **JOAN FERSTER** 1/30/98 941-369-3322

CR2E037 (10/97)