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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Jun 01, 1999 8:00 am Secretary of State

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1. Corporation Name

LEHIGH ACRES CHAMBER OF COMMERCE, INC.

Principal Place	of Business	Mailing Address				
4109 LEE BLVI LEHIGH ACRES US		P.O. BOX 757 LEHIGH ACRES FL 33971 US				
2. Principal Pl	ace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed		
21		26 P. U. BOX75	57	09/26/1980	7	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number 59-1731367	Applied Fo	
22		City & State		39-173 1307	Not Applic \$8.75 Addition	
City & State	9	28 Lehigh	Acres FL	5. Certifcate of Status Desired	Fee Required	a
23] Zip	Country	Zip	Country	6 Election Campaign Financing	¬ \$5.00 May Be	
24	25	— — — — — — — — — — — — — — — — — — —	115A	Trust Fund Contribution	Added to Fees	
	9. Name and Address of Current			10. Name and Address of New Reg	istered Agent	
			81 Name	Debra Shuman)	
FERSTER.	JOAN		82 Street Ad	ddress (P.O. Box Number is Not Acceptable		
	BLVD. & DOUGLAS AVENUE		41	09 Lee BLVD.		
	CRES FL 33971		83			
			84 City	ehian Acres	FL 85 Zip Code	, ,
44.5		and 647 4500 Florida Statutor) ما ا			red
office or r	egistered agent, or both, in the State of	of Florida. Such change was aut	horized by the corpora	orporation submits this statement for the pur ation's board of directors. I hereby accept th	ne appointment as registered	1
agent. I a	m tamiliar with, and accept the obligati	ions of, Section 617.0503, Florid	da Statutes.	•		ļ
agent. I a	Tehra Shur	var	Deluca Sa Registered Agent signature req	uman 51	13/99 DATE	_
agent. 1 a	m tamiliar with, and accept the obligati	Na Name (NOTE: F	elira Sa	wmaw wired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN	12
SIGNATURE	Tamiliar with, and accept the obligation of the state of	Na Name (NOTE: F	LUKA SA Registered Agent signature req	wmaw wired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN	_
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS