

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 765960 (0)
1. Corporation Name
WINTER HAVEN AREA CHAMBER OF COMMERCE, INC.



500001854685
-06/07/96--01006--014

Principal Place of Business Mailing Address
401 AVE B NW 401 AVE B NW
WINTER HAVEN FL 33881-4606 WINTER HAVEN FL 33881-4606

2. Principal Place of Business	2a. Mailing Address	3. Date of Incorporation or Qualified	3a. Date of Last Report
21	26	12/03/1982	02/10/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-0514473	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28		
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25		
29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, JOYCE B
401 AVE B NW
WINTER HAVEN FL 33881

81 Name Bob E. Gernert, Jr.
82 Street Address (P.O. Box Number is Not Acceptable) 401 Ave B NW
83
84 City Winter Haven FL 85 Zip Code 33881

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

Bob Gernert, Jr.
Signature, typed or printed name of registered agent and title (if applicable).

BOB GERNERT, JR.

5-28-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P DOTY, WILLIAM <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	299 SIXTH ST., SW	1.2 NAME	
STREET ADDRESS	WINTER HAVEN FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISS, CHARLES	2.2 NAME	Martin, Dennis
STREET ADDRESS	672 WAKULLA DR, SE	2.3 STREET ADDRESS	1122 Cypress Point W
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	Winter Haven FL 33884
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, GENE	3.2 NAME	
STREET ADDRESS	201 MAGNOLIA AVE., SW	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAUGHN, RICHARD	4.2 NAME	Bill Reynolds
STREET ADDRESS	255 MAGNOLIA AVE	4.3 STREET ADDRESS	259 Hernando Rd, SE
CITY-ST-ZIP	WINTER HAVEN FL	4.4 CITY-ST-ZIP	Winter Haven, 33884
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCHER, CARL	5.2 NAME	
STREET ADDRESS	290 CYPRESS GARDENS ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	5.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	6.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, JOYCE B.	6.2 NAME	Gernert, Jr., Bob
STREET ADDRESS	401 AVE., B-NW	6.3 STREET ADDRESS	401 Avenue B, NW
CITY-ST-ZIP	WINTER HAVEN FL	6.4 CITY-ST-ZIP	Winter Haven, FL 33881

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-28-96

941-293-2137

Date

Daytime Phone #

CR2E037 (12/95)