FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

City & State

SIGNATURE:

23

24

Zıp



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 765960

(0)

City & State

Zip

29

WINTER HAVEN AREA CHAMBER OF COMMERCE, INC.

Country

rincipal Place of Business	Mailing Address		
ioi ave B NW Winter Haven Fl 33881-4606	401 AVE B NW WINTER HAVEN FL 33881-4606		
Principal Place of Business	2a. Mailing Address		
2. Principal Place of Business	2a. Mailing Address 26		

10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name GERNERT, BOB E JR Street Address (P.O. Box Number is Not Acceptable) 401 AVE B NW 83 WINTER HAVEN FL 33881 City Zip Code

Country

FILED Mar 26 1997 8:00am Secretary of State

3.	Date Incorporated or Qualified 12/03/1982	3a. (3a. Date of Last Report 06/06/1996		
4.	FEI Number 59-0514473		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	intangib Tyes	le tax under s. 199.032,		

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 Signature, typicd or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND DIRECTOR	S	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	D	DELETE	1.1 TITLE	Т	CK Change	Addition				
NAME	DOTY, WILLIAM		1.2 NAME	Libby, David						
STREET ADDRESS	299 SIXTH ST., SW		1.3 STREET ADDRESS	200 Avenue F,NE	•					
CITY-ST-ZIP	WINTER HAVEN FL		1.4 CITY - ST - ZIP	Winter Haven, Fl	33881_4131					
TiTLE	1	DELETE	2.1 TITLE	VP	33881-4131 Change	Addition Addition				
NAME	MARTIN, DENNIS		2.2 NAME							
STREET ADDRESS	1122 CYPRESS POINT W		2.3 STREET ADDRESS		,					
CITY-ST-ZIP	WINTER HAVEN FL 33884		2. 4 CITY-ST-ZIP							
Tilf	P	☐ DELETE	3.1 TITLE	D	Change	Addition				
NAME	West, gene		32 NAME	- ·						
STREET ADDRESS	201 MAGNOLIA AVE., SW		3.3 STREET ADDRESS		•					
CITY-ST-ZIP	WINTER HAVEN FL		3.4. CITY-ST-ZIP							
TITLE	D	☐ DELETE	4.1 TITLE		Change	Addition				
NAME	REYNOLDS, BILL		4.2 NAME							
STREET ADDRESS	259 HERNANDO RD SE		4.3 STREET ADDRESS							
CITY-ST-ZIP	WINTER HAVEN FL 33884		4.4 CITY - ST-ZIP							
TITLE	٧	DELETE	5.1 TITLE	P	Change	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	DELETE	6.1 TITLE		☐ Change	Addition				
NAME	GERNERT, BOB JR		6.2 NAME							
STREET ADDRESS	401 AVE B NW		6.3 STREET ADDRESS							
CITY - ST- ZIP	WINTER HAVEN FL 33881-4606		6.4 CITY-ST-ZIP		·					

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 production or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name