FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION. ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(0)

WINTER HAVEN AREA CHAMBER OF COMMERCE, INC.

FILED Feb 23 1998 8:00am Secretary of State

WHITEH HAVEN ANEA OHAMBEH OF COMMETICE, INC.											
Principal Place of Business Mailing Address			Idress								
401 AVE B NW WINTER HAVEN FL 33881-4606		401 AVE B NW WINTER HAVEN FL 33881-4606				3. Date Incorporated or Qualified 12/03/1982					
						4. FEI Number		Applied For			
						59-0514473		Not Applicable			
2. Principal Place of Business		2a. Mailing Add	2a. Mailing Address			5. Certificate of Status Desired		.75 Additional See Required			
Suite, Apt. #, etc.		Suite, Apt.	Sulte, Apt. #, etc.			Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees			
City & State		City & State			7. Is this nonprofit corporation a homeowners association?						
Zip	Country 25	Zip 29	30 Co	untry		 This corporation owes or has paid the Personal Property Tax due June 30. 	current ye				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
				81	Name						
GERNERT, BOB E JR 401 AVE B NW			82	Street Addre	Address (P.O. Box Number is Not Acceptable)						
	HAVEN FL 33881			83							
				84	City		L 85	Zip Code			
office or r	to the provisions of Sections 617 registered agent, or both, in the Sections familiar with, and accept the o	itate of Florida. Such cha	ange was authorize	ed by	the corporati	oration submits this statement for the purpos ion's board of directors. I hereby accept the	e of chang appointme	ging its registered ent as registered			

SIGNATURE _				0.170	_							
Signature, typed or printed name of registered agent and title If applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
12.	OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12								
TITLE	D	DELETE	1.1 TITLE	President	ition							
NAME	DOTY, WILLIAM	•	1.2 NAME	Fischer, Frank 400 Avenue K SE								
STREET ADDRESS	299 SIXTH ST., SW		1.3 STREET ADDRESS	Winter HaVEN, FL 33880-4123								
CITY-ST-ZIP	WINTER HAVEN FL		1.4 CITY-ST-ZIP									
TITLE	VP	DELETE	2.1 TITLE	Director Change Addi	ition							
NAME	Martin, Dennis		2.2 NAME									
STREET ADDRESS	1122 CYPRESS POINT W		2.3 STREET ADDRESS									
CITY-ST-ZIP	WINTER HAVEN FL		2. 4 CITY-ST-ZIP									
TITLE	D	DELETE	3.1 TITLE	Dennis Bec'r	ition							
NAME	WEST, GENE		3.2 NAME	11 5th Street SW								
STREET ADDRESS	201 MAGNOLIA AVE., SW		3.3 STREET ADDRESS	Winter Haven, FL 33880-0820								
CITY-ST-ZIP	WINTER HAVEN FL		3.4. CITY-ST-ZIP									
TITLE	D	DELETE	4,1 TITLE	☐ Change ☐ Addi	ition							
NAME	REYNOLDS, BILL		4. 2 NAME									
STREET ADDRESS	259 HERNANDO RD SE		4.3 STREET ADDRESS									
CITY-ST-ZIP	WINTER HAVEN FL 33884	4	4.4 CITY-ST-ZIP									
TITLE	P	DELETE	5.1 TITLE	Director & Change Add	ition							
NAME	KOCHER, CARL		5.2 NAME	Kocher, CArl								
STREET ADDRESS	290 CYPRESS GARDENS ROAD		5.3 STREET ADDRESS	290 Cypress Gardens Road								
CITY-ST-ZIP	WINTER HAVEN FL		5.4 CITY-ST-ZIP	Winter Haven, FL								
TITLE	8	DELETE	6.1 TITLE	☐ Change ☐ Add	ition							
NAME	GERNERT, BOB JR		6.2 NAME									
STREET ADDRESS	401 AVE B NW		6.3 STREET ADDRESS	1								
	MANITOD LIANCAL CL 22004 4000		A A CITY OF SID									

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, er an attachment with an address.