

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90239 003 ****61.25

DOCUMENT # 765960
1. Entity Name
GREATER WINTER HAVEN CHAMBER OF COMMERCE, INC.



Principal Place of Business: **401 AVE B NW WINTER HAVEN FL 33881-4606**
Mailing Address: **PO BOX 1420 WINTER HAVEN FL 33882-1420**

54030198



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: **59-0514473**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**GERNERT, BOB E JR
401 AVE B NW
WINTER HAVEN FL 33881**

7. Name and Address of New Registered Agent
Name: [REDACTED]
Street Address (P.O. Box Number is Not Acceptable):
City: **FL** Zip Code:

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE: X *Bob Gernert* DATE: **4-8-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004
9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: TD NAME: LOCKWOOD, DOUGLAS STREET ADDRESS: 141 5TH ST NW SUITE 300 CITY-ST-ZIP: WINTER HAVEN FL 33881-4645	<input type="checkbox"/> Delete
TITLE: PD NAME: DANTZLER, BRAD STREET ADDRESS: 310 3RD ST NW CITY-ST-ZIP: WINTER HAVEN FL 33881	<input checked="" type="checkbox"/> Delete
TITLE: PED NAME: BECKERT, HOWARD STREET ADDRESS: P.O. BOX 9087 CITY-ST-ZIP: WINTER HAVEN FL 33883	<input type="checkbox"/> Delete
TITLE: TVPD NAME: COMPTON, MIKE STREET ADDRESS: P.O. BOX 1350 CITY-ST-ZIP: WINTER HAVEN FL 33882	<input type="checkbox"/> Delete
TITLE: DD NAME: GERNERT, BOB JR STREET ADDRESS: 401 AVE B NW CITY-ST-ZIP: WINTER HAVEN FL 33881-4606	<input type="checkbox"/> Delete
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: IVPD NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PED NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: Bonnie Parker STREET ADDRESS: P.O. BOX 32036 CITY-ST-ZIP: Lakeland, FL 33801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
SIGNATURE: X *Bob Gernert* DATE: **4-8-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #