

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 13 PM 1:41

DOCUMENT # 768069 (7)  
1. Corporation Name  
FROSTPROOF AREA CHAMBER OF COMMERCE, INC.

Principal Place of Business Mailing Address  
47 W. WALL ST.  
FROSTPROOF FL 33843 % R.E. BACKUS  
47 W. WALL ST.  
FROSTPROOF FL 33843

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/20/1983 3a. Date of Last Report 01/24/1994  
4. FEI Number 59-2319193 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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Country 30

9. Name and Address of Current Registered Agent

BACKUS, R. E.  
33 WEST F ST  
FROSTPROOF FL 33843

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FL 85 Zip Code

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | NAME   | 1.1 TITLE   | Change <input type="checkbox"/> Addition <input type="checkbox"/>            |
| TD                         | BACKUS, R.E.<br>33 WEST F ST<br>FROSTPROOF FL                    | 1.2 NAME  |  |
|                            |  | 1.3 STREET ADDRESS                                    |  |
|                            |  | 1.4 CITY-ST-ZIP                                       |  |
| PD                         | HOOD, ROGER A<br>11 N PALM AVE<br>FROSTPROOF FL                  | 2.1 TITLE   | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |
|                            |  | 2.2 NAME  |  |
|                            |  | 2.3 STREET ADDRESS                                    |  |
|                            |  | 2.4 CITY-ST-ZIP                                       |  |
| VD                         | MCDONALD, WILLIAM R.<br>1147 S. LAKE REEDY BLVD<br>FROSTPROOF FL | 3.1 TITLE   | Change <input type="checkbox"/> Addition <input type="checkbox"/>            |
|                            |  | 3.2 NAME  |  |
|                            |  | 3.3 STREET ADDRESS                                    |  |
|                            |  | 3.4 CITY-ST-ZIP                                       |  |
|                            |  | 4.1 TITLE   | Change <input type="checkbox"/> Addition <input type="checkbox"/>            |
|                            |  | 4.2 NAME  |  |
|                            |  | 4.3 STREET ADDRESS                                    |  |
|                            |  | 4.4 CITY-ST-ZIP                                       |  |
|                            |  | 5.1 TITLE   | Change <input type="checkbox"/> Addition <input type="checkbox"/>            |
|                            |  | 5.2 NAME  |  |
|                            |  | 5.3 STREET ADDRESS                                    |  |
|                            |  | 5.4 CITY-ST-ZIP                                       |  |
|                            |  | 6.1 TITLE   | Change <input type="checkbox"/> Addition <input type="checkbox"/>            |
|                            |  | 6.2 NAME  |  |
|                            |  | 6.3 STREET ADDRESS                                    |  |
|                            |  | 6.4 CITY-ST-ZIP                                       |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.032(9)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R. E. Backus *R. E. Backus, Treas.* 1/17/95 813/635 2134  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR