

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



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

3. Date Incorporated or Qualified: **04/20/1983**  
3a. Date of Last Report: **02/13/1995**  
4. FEI Number: **59-2319193**  
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 intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

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 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>TD</b>	<input type="checkbox"/>
NAME	<b>BACKUS, R.E.</b>	
STREET ADDRESS	<b>33 WEST F ST</b>	
CITY-ST-ZIP	<b>FROSTPROOF FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/>
NAME	<b>FUTRAL, W.J.</b>	
STREET ADDRESS	<b>317 SUNSET RD.</b>	
CITY-ST-ZIP	<b>FROSTPROOF FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/>
NAME	<b>MCDONALD, WILLIAM R.</b>	
STREET ADDRESS	<b>1147 S. LAKE REEDY BLVD</b>	
CITY-ST-ZIP	<b>FROSTPROOF FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>Futral, W.J.</b>		
1.3 STREET ADDRESS	<b>317 Sunset</b>		
1.4 CITY-ST-ZIP	<b>Frostproof, Fla. 33843</b>		
2.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	<b>Patrick, Kiersten</b>		
2.3 STREET ADDRESS	<b>#10 Scenic Hwy.</b>		
2.4 CITY-ST-ZIP	<b>Frostproof, Fla. 33843</b>		
3.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	<b>McDonald, William R.</b>		
3.3 STREET ADDRESS	<b>1893 N. Lake Reedy Blvd.</b>		
3.4 CITY-ST-ZIP	<b>Frostproof, Fla. 33843</b>		
4.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	<b>Dickinson, J.H.</b>		
4.3 STREET ADDRESS	<b>20 Heights Ave.</b>		
4.4 CITY-ST-ZIP	<b>Frostproof, Fla.</b>		
5.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	<b>Franz, R.B.</b>		
5.3 STREET ADDRESS	<b>355 West "F"</b>		
5.4 CITY-ST-ZIP	<b>Frostproof, Fla.</b>		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS	<b>\$ deposited by bank</b>		
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 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 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, or on an attachment with an address.

SIGNATURE: **R.E. Backus** *R.E. Backus* 1/19/96 Date 941-635-2134 Daytime Phone #  
CS 3-18-96

CR2E037 (12/95)