## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT #

768069

(7)

## FROSTPROOF AREA CHAMBER OF COMMERCE, INC.

Principal Place of Business Mailing Address						1981 1 19819 NEED   1811 NEI 1 BEIL   1911 EIEIE BIBJ 810   DEBIL BIEJE 1881
47 W. WALL ST. % R.E. BACKUS						3. Date Incorporated or Qualified
		47 W. WALL ST. FROSTPROFF FL 33843				04/20/1983
		711001111011 12 00010				4. FEI Number Applied For
Principal Place of Business     2a. Mailing Address						59-23 19 193   Not Applicable
21 26 26						5. Certificate of Status Desired \$8.75 Additional Fee Required
Suite, Apt. #, etc. Suite, Apt. #, etc.				<del></del>		6. Election Campaign Financing \$5.00 May Be
22 27						Trust Fund Contribution Added to Fees
City & State City & State				-		7. Is this nonprofit corporation a homeowners association?
Zip Country		Zip Country			Yes No	
24			30	ınıry		This corporation owes or has paid the current year Intangible     Personal Property Tax due June 30.    Yes    No
12-41	9. Name and Address of Curren		301	İ		10. Name and Address of New Registered Agent
				81	Name	
BACKUS, R. E.				82	Street Add	dress (P.O. Box Number is Not Acceptable)
33 WEST F ST						Sicos (i.e. box Number is Not Acceptable)
FROSTPROOF FL 33843				83		
				84	City	FL 85 Zip Code
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 famillar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE						
			: Registered	d Ager	it signature requ	uirad when reinstating) DATE
TITLE	D OFFICERS AND			TLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	FUTRAL, W.J.		1.2 NAME			T outling T variation
STREET ADORESS	317 SUNSET		1.3 STREET		ADDRESS	
CITY-ST-ZIP	FROSTPROOF FL 33843		1.4 CITY - 1			
TITLE	/P/	☐ DELETE	2.1 T(	TLE		Change Addition
NAME			2.2 N/	2.2 NAME		liersten Patrick
STREET ADDRESS	FROOTSROOF EI		2.3 ST	2.3 STREET ADDRESS		10 Scenci Hwy
CITY-ST-ZIP	FROSTPROOF FL	DELETE	_	ITY-ST	:-ZIP F	10 Scenci Hwy rostproof, Fia.
TITLE NAME	D MCDONALD, WILLIAM R	["] DETEIL	3.1 TT			Change Addition
STREET ADDRESS	done by I shall believe to		3.2 NA		NDDRESS	
CITY-ST-ZIP	FROSTPROOF FL			TY-ST		
TITLE	D	☐ DELETE	4.1 TITLE		-2.17	☐ Change ☐ Addition
NAME	DICKENSON, J.H.		4. 2 NAME			
STREET ADDRESS	20 HEIGHTS AVE		4.3 STREET		DDRESS	
CITY-ST-ZIP	FROSTPROOF FL		4.4 CITY-S		- ZIP	
TITLE	D	☐ DELETE	5.1 TIY	ILE .		Change Addition
NAME	100 11 00 11 100 1 11 100		5.2 NA			
STREET ADDRESS	EDOOFFDOOF FI		1		DDAESS	
CITY-ST-ZIP TITLE	FROSTPROOF FL	DELETE	5.4 CITY-ST 6.1 TITLE		ZiP	Change Addition
- 10 tale	1 6.0		■ U. L 11+		1	L FORMUS F. I ADUITION I

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 trusted 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.

It also back us

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

IGNATION STOWERS

1/5/98 941-635.2134

**FILED** 

Jan 22 1998 8:00am

Secretary of State

32E037 (10/97)