


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90008 039 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 768069 ✓

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
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2. Principal Place of Business 21 118 East Wall St. Suite, Apt. #, etc.	2a. Mailing Address 26 same as above Suite, Apt. #, etc.	3. Date Incorporated or Qualified 04/20/1983
22 City & State 23 Frostproof, FL	27 City & State 28	4. FEI Number 59-2319193 Applied For Not Applicable
24 33843 25 USA	29 30	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent DETREAS. BACKUS, R. E. 33 WEST F ST. FROSTPROOF FL 33843	81 Name	10. Name and Address of New Registered Agent	
	82 Street Address (P.O. Box Number is Not Acceptable)	Same	
	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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUTRAL, W.J.	1.2 NAME	
STREET ADDRESS	317 SUNSET	1.3 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF FL 33843	1.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P + D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIERSTEN, PATRICK	2.2 NAME	John Roper
STREET ADDRESS	#10 SCENIC HWY	2.3 STREET ADDRESS	23 Sharon
CITY-ST-ZIP	FROSTPROOF FL	2.4 CITY-ST-ZIP	Frostproof, FL. 33843
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, WILLIAM R	3.2 NAME	
STREET ADDRESS	1893 N. LAKE REEDY BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VP + D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DICKENSON, J.H.	4.2 NAME	Jim Curran
STREET ADDRESS	20 HEIGHTS AVE	4.3 STREET ADDRESS	512 N. Scenic Hwy.
CITY-ST-ZIP	FROSTPROOF FL	4.4 CITY-ST-ZIP	Frostproof, FL. 33843
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, ESTELLE	5.2 NAME	
STREET ADDRESS	109 N SCENIC HWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATERS, RALPH	6.2 NAME	
STREET ADDRESS	21 S SCENIC HWY	6.3 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF FL 33843	6.4 CITY-ST-ZIP	

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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **7/8/99** **941-635-2134**
Date Daytime Phone #

CR2E037 (5/99)