

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91615 030 ****61.25

DOCUMENT # 768069

1. Entity Name

FROSTPROOF AREA CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

**118 EAST WALL ST
 FROSTPROOF FL 33843
 US**

**PO BOX 968
 FROSTPROFF FL 33843**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2319193

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HEATH, STELLA C
 118 EAST WALL STREET
 FROSTPROOF FL 33843**

Name

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SULLIVAN, ESTELLE <input type="checkbox"/> Delete 109 N SCENIC HWY FROSTPROOF FL 33843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOOD, LISA L <input type="checkbox"/> Delete 10 C STREET FROSTPROOF FL 33843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HADDEN, M CHERYL <input type="checkbox"/> Delete 511 WOOD AVENUE FROSTPROOF FL 33843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P TROUTMAN, BAXTER <input type="checkbox"/> Delete 318 KENDALL DRIVE WINTER HAVEN FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRIFFIN, HILL <input type="checkbox"/> Delete ONE BRACRES LANE P.O. BOX 266 FROSTPROOF FL 33843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATERS, RALPH <input type="checkbox"/> Delete 333 WEST F STREET FROSTPROOF FL 33843

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Baxter Troutman 318 Kendall Winter Haven, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition BW Griffin IV
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 employees.

SIGNATURE: _____

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/02
 Date

8636356650
 Daytime Phone #

0082119

CR2E037 (9/01)