2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT#768069

FILED Nov 15, 2005 Secretary of State

Entity Name: FROSTPROOF AREA CHAMBER OF COMMERCE, INC. **New Principal Place of Business: Current Principal Place of Business:** 118 EAST WALL ST FROSTPROOF, FL 33843 US **Current Mailing Address: New Mailing Address:** PO BOX 968 FROSTPROFF, FL 33843 FEI Number: 59-2319193 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HEATH, STELLA C 118 EAST WALL STREET FROSTPROOF, FL 33843 US 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: STELLA C. HEATH Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VPD () Delete (X) Change () Addition HUTZELMAN, KAY HUTZELMAN, KAY Name: Name: 755 N. LK. REEDY BLVD. Address: 755 N. LK. REEDY BLVD. Address: City-St-Zip: FROSTPROOF, FL 33843 City-St-Zip: FROSTPROOF, FL 33843 Title: Title: () Delete () Change () Addition Name: HOOD, LISA L Name: Address: 10 C STREET Address: City-St-Zip: FROSTPROOF, FL 33843 City-St-Zip: Title: (X) Delete Title: () Change () Addition TROUTMAN, BAXTER Name: Name: 318 KENDALL DRIVE Address: Address: City-St-Zip: WINTER HAVEN, FL 33884 City-St-Zip: Title: PD () Delete Title: (X) Change () Addition Name: GRIFFIN, HILL Name: GRIFFIN, HILL ONE BRACRES LANE, PO BOX 266 Address: Address: ONE BRACRES LANE, PO BOX 266 City-St-Zip: FROSTPROOF, FL 33843 City-St-Zip: FROSTPROOF, FL 33843 Title: () Delete Title: () Change () Addition WATERS, RALPH Name: Name: 333 WEST F STREET Address: Address: City-St-Zip: FROSTPROOF, FL 33843 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STELLA C. HEATH RΑ 11/15/2005