
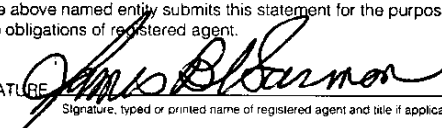



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90025 036 ****61.25

DOCUMENT # 768069			
1. Entity Name FROSTPROOF AREA CHAMBER OF COMMERCE, INC.			
Principal Place of Business 118 EAST WALL ST FROSTPROOF, FL 33843 US		Mailing Address PO BOX 968 FROSTPROOF, FL 33843	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Frostproof	
Zip	Country	Zip	Country
4. FEI Number 59-2349493 59-6151189		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 James B. Harmon Street Address (P.O. Box Number is Not Acceptable) 118 East. Wall St. City Frostproof FL Zip Code 33843	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 4/4/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME HUTZELMAN, KAY STREET ADDRESS 755 N. LK. REEDY BLVD. CITY-ST-ZIP FROSTPROOF, FL 33843	<input checked="" type="checkbox"/> Delete	TITLE P NAME George Minutaglio STREET ADDRESS 200 S. Scenic Hwy CITY-ST-ZIP Frostproof, FL 33843	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T NAME HOOD, LISA L STREET ADDRESS 10 C STREET CITY-ST-ZIP FROSTPROOF, FL 33843	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME GRIFFIN, HILL STREET ADDRESS ONE BRACRES LANE, PO BOX 266 CITY-ST-ZIP FROSTPROOF, FL 33843	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME WATERS, RALPH STREET ADDRESS 333 WEST F STREET CITY-ST-ZIP FROSTPROOF, FL 33843	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 exemptions contained in Chapter 119, 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 empowered.			
SIGNATURE 		DATE 4/4/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

50009688



03242006 Chg-NP CR2E037 (11/05)