

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT



FILED

08 NOV 17 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 FROSTPROFF, FL 33843	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		11132008 REIN-NP CR2E099 (1/07)	
City & State Zip Country		City & State Zip Country		4. FEI Number 59-6151189	
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HARMON, JAMES B 118 EAST WALL STREET FROSTPROOF, FL 33843			7. Name and Address of New Registered Agent Name Mary Ruth Wilson Street Address (P.O. Box Number is Not Acceptable) 200 Airport Road 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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 11-13-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$236.25 After January 1, 2009, Fee will be \$297.50		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MINUTAGLIO, GEORGE V 200 S SCENIC HWY FROSTPROOF, FL 33843	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Mary Ruth Wilson 200 Airport Road Frostproof, FL 33843	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOOD, LISA L 403 HWY 630 W. FROSTPROOF, FL 33843	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Wesley Wise 15 C Street Frostproof, FL 33843	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, HILL ONE BRACRES LANE, PO BOX 266 FROSTPROOF, FL 33843	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100137999101 11/17/08--01049--002 **236.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATERS, RALPH 333 WEST F STREET FROSTPROOF, FL 33843	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jeff Futral 317 Sunset Road Frostproof, FL 33843	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RH		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: 11-13-08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>	