

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N03682** (4)
1. Corporation Name
LADY LAKE AREA CHAMBER OF COMMERCE, INCORPORATED



Principal Place of Business Mailing Address
P.O. BOX 1430 P.O. BOX 1430
HWY. 441/27 HWY. 441/27
LADY LAKE FL 32159 LADY LAKE FL 32159

3. Date Incorporated or Qualified **06/14/1984** 3a. Date of Last Report **08/24/1995**
4. FEI Number **59-2501235** Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 **1150 BILHARA BLVD** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **LADY LAKE, FL** 28
Zip Country Zip Country
24 **32159** 25 **USA** 29 **32158** 30

9. Name and Address of Current Registered Agent

MILLHORN, MICHAEL D
416 CR 25
LADY LAKE FL 32159

10. Name and Address of New Registered Agent

81 Name **MICHAEL MILLHORN**
82 Street Address (P.O. Box Number is Not Acceptable)
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 *[Signature]* **TREASURER** **01/30/96**
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLHORN, MICHAEL D	12 NAME	MICHAEL MILLHORN
STREET ADDRESS	416 CR 25	13 STREET ADDRESS	
CITY-ST-ZIP	LADY LAKE FL	14 CITY-ST-ZIP	
TITLE	T	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOZIER, CAROL	22 NAME	
STREET ADDRESS	P OBOX 1400 NA	23 STREET ADDRESS	
CITY-ST-ZIP	LADY LAKE FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWERSOX, LICK	32 NAME	DICK BOWERSOX
STREET ADDRESS	708 S DIXIE AVE	33 STREET ADDRESS	
CITY-ST-ZIP	FRUITLAND PARK FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUG, JIM	42 NAME	
STREET ADDRESS	101 LA GRANDE BLVD	43 STREET ADDRESS	
CITY-ST-ZIP	LADY LAKE FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYFIELD, JIM	52 NAME	
STREET ADDRESS	P OBOX 478 NA	53 STREET ADDRESS	
CITY-ST-ZIP	LADY LAKE FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]* **TREASURER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/96
Date

Daytime Phone #

CR2E037 (12/95)