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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03682

1. Corporation Name

LADY LAKE AREA CHAMBER OF COMMERCE, INCORPORATED

Principal Place of Business

106 S. US. HWY. 441
LADY LAKE FL 32159
US

Mailing Address

P.O. BOX 1430
LADY LAKE FL 32158



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

06/14/1984

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

9. Name and Address of Current Registered Agent

SMITH, CHARLES
4 HICKORY HEAD HAMMOCK
LADY LAKE FL 32159

10. Name and Address of New Registered Agent

81 Name

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME SMITH, CHARLES
STREET ADDRESS 4 HICKORY HEAD HAMMOCK
CITY-ST-ZIP LADY LAKE FL 32159

TITLE T ☐ DELETE

NAME MATTHEWS, PHYLLIS
STREET ADDRESS 415 US HWY 441
CITY-ST-ZIP LADY LAKE FL

TITLE VP ☐ DELETE

NAME TAYLOR, NANCY
STREET ADDRESS 4962 CR 118
CITY-ST-ZIP WILDWOOD FL 34785

TITLE D ☐ DELETE

NAME MILLHORN, MICHAEL
STREET ADDRESS 10935 S.E. 177TH PLACE
CITY-ST-ZIP SUMMERFIELD FL

TITLE D ☐ DELETE

NAME NAGEM, RUTH
STREET ADDRESS P.O. BOX 159 N/A
CITY-ST-ZIP LADY LAKE FL 32158

TITLE D ☐ DELETE

NAME THEM, CHARLES F
STREET ADDRESS 108 LA GRANDE BLVD.
CITY-ST-ZIP LADY LAKE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)