

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03682

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** LADY LAKE AREA CHAMBER OF COMMERCE, INCORPORATED

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1430  
LADY LAKE, FL 32158

**New Mailing Address:**

**FEI Number:** 59-2501235

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHEPARD, BARBARA  
1515 BUENOS AIRES BLVD  
LADY LAKE, FL 32159 US

**Name and Address of New Registered Agent:**

BERNARD, BETTY  
106 SO. US HIGHWAY 27/441  
LADY LAKE, FL 32159 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: BETTY BERNARD

04/28/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BANKS, RICK  
Address: 426 CR 25  
City-St-Zip: LADY LAKE, FL 32159

Title: V ( ) Delete  
Name: LOURY, TOM  
Address: PO BOX 1698  
City-St-Zip: DUNNELLON, FL 34430

Title: S ( ) Delete  
Name: LAZO, JEANNE  
Address: PO BOX 730  
City-St-Zip: LADY LAKE, FL 32159

Title: D ( ) Delete  
Name: HULETT, KIM  
Address: PO BOX 782  
City-St-Zip: LADY LAKE, FL 32158

Title: D ( ) Delete  
Name: THEMM, CHUCK  
Address: 845 TEAGUE TRAIL, STE 1  
City-St-Zip: LADY LAKE, FL 32159

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LOURY, TOM  
Address: PO BOX 1698  
City-St-Zip: DUNNELLON, FL 32159

Title: V (X) Change ( ) Addition  
Name: SCHELL, JUDY  
Address: 2430 LAKE GRIFFEN RD.  
City-St-Zip: LADY LAKE, FL 324159

Title: S (X) Change ( ) Addition  
Name: HULETT, KIM  
Address: PO BOX 782  
City-St-Zip: LADY LAKE, FL 32158

Title: T (X) Change ( ) Addition  
Name: LE BAR, BRANDY  
Address: PO BOX 687  
City-St-Zip: LADY LAKE, FL 32158

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BETTY BERNARD

ED

04/28/2009

Electronic Signature of Signing Officer or Director

Date