

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N32683** (7)  
1. Corporation Name  
**GREATER LAKE PLACID CHAMBER OF COMMERCE, INC.**

**800001812618**  
-05/08/96--01012--022  
\*\*\*61.25



Principal Place of Business: 10 EAST INTERLAKE BOULEVARD LAKE PLACID FL 33852  
Mailing Address: 10 EAST INTERLAKE BOULEVARD LAKE PLACID FL 33852

3. Date Incorporated or Qualified: 06/06/1989  
3a. Date of Last Report: 04/11/1995  
4. FEI Number: 59-1026434  
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 (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent  
**LOWMAN**  
~~LOWMAN, JOE P~~  
10 E. INTERLAKE BLVD.  
LAKE PLACID FL 33852

10. Name and Address of New Registered Agent  
81 Name: **LOWMAN, JOEL P**  
82 Street Address (P.O. Box Number is Not Acceptable): **10 E. Interlake Blvd.**  
83  
84 City: **LAKE PLACID** FL 85 Zip Code: **33852**

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: *Joel P. Lowman* **Joel P. Lowman** **APR 16, 1996**  
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	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, JOE	
STREET ADDRESS	1210 US 27 NORTH	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	SHIRLEY, TOM	
STREET ADDRESS	705 US 27 NORTH	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	VELEY, DAVID	
STREET ADDRESS	421 CENTRAL AVE.	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CHANDLER, JOANN	
STREET ADDRESS	2 INTERLAKE BLVD.	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	COMPTON, SUSAN	
STREET ADDRESS	518 US 27 S	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	ED	<input checked="" type="checkbox"/> DELETE
NAME	LOWMAN, JOEL P	
STREET ADDRESS	10 E. INTERLAKE BLVD.	
CITY-ST-ZIP	LAKE PLACID FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	veley, David	
1.3 STREET ADDRESS	421 Central Ave.	
1.4 CITY-ST-ZIP	Lake Placid, FL 33852	
2.1 TITLE	First Vice-president - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Chandler, JoAnn	
2.3 STREET ADDRESS	2 Interlake Blvd	
2.4 CITY-ST-ZIP	Lake Placid, FL 33852	
3.1 TITLE	Second Vice-President - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Russell, Melissa	
3.3 STREET ADDRESS	849 US Hwy 27 South	
3.4 CITY-ST-ZIP	Lake Placid, FL 33852	
4.1 TITLE	Treasurer - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Yates, Michelle	
4.3 STREET ADDRESS	123 US Hwy 27 South	
4.4 CITY-ST-ZIP	Lake Placid, FL 33852	
5.1 TITLE	Secretary - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Compton, Susan	
5.3 STREET ADDRESS	518 US Hwy 27 South	
5.4 CITY-ST-ZIP	Lake Placid, FL 33852	
6.1 TITLE	Executive Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Lowman, Joel	
6.3 STREET ADDRESS	10 E. Interlake Blvd	
6.4 CITY-ST-ZIP	Lake Placid, FL 33852	

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: *Joel P. Lowman* **Joel P. Lowman** **APR 16, 1996** (941) 465-4331  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)