


FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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.



Principal Place of Business Mailing Address
10 EAST INTERLAKE BOULEVARD LAKE PLACID FL 33852
10 EAST INTERLAKE BOULEVARD LAKE PLACID FL 33852-8575

3. Date Incorporated or Qualified 06/06/1989
3a. Date of Last Report 05/01/1986
4. FEI Number 59-1026434 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

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

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: JOEL LOWMAN DATE: APRIL 25, 1997
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	2VPD	<input checked="" type="checkbox"/> DELETE
NAME	RUSSELL, MELISSA	
STREET ADDRESS	847 US HWY, 27 SOUTH	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	1VPD	<input checked="" type="checkbox"/> DELETE
NAME	CHANDLER, JOANN	
STREET ADDRESS	2 INTERLAKE BLVD.	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	S/D	<input checked="" type="checkbox"/> DELETE
NAME	COMPTON, SUSAN	
STREET ADDRESS	518 US 27 S	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	EX/D	<input type="checkbox"/> DELETE
NAME	LOWMAN, JOEL P	
STREET ADDRESS	10 E. INTERLAKE BLVD.	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '97

1.1 TITLE	PRESIDENT D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RUSSELL, MELISSA	
1.3 STREET ADDRESS	847 US HWY 27 SOUTH	
1.4 CITY-ST-ZIP	LAKE PLACID, FL 33852	
2.1 TITLE	1VP D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	YATES, MICHELLE	
2.3 STREET ADDRESS	115 US 27 NORTH	
2.4 CITY-ST-ZIP	LAKE PLACID, FL 33852	
3.1 TITLE	2VP D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	NIELANDER, BILL	
3.3 STREET ADDRESS	3979 PACIFIC VIEW DR.	
3.4 CITY-ST-ZIP	LAKE PLACID, FL 33852	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: JOEL LOWMAN DATE: APRIL 25, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0059830

CR2E037 (9/96)