

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 700884

**FILED**  
**Feb 24, 2017**  
**Secretary of State**  
**CC7186330619**

**Entity Name:** HAINES CITY AREA CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

35610 HIGHWAY 27  
HAINES CITY, FL 33844

**Current Mailing Address:**

P.O. BOX 986  
HAINES CITY, FL 33845-0986 US

**FEI Number:** 59-0585597

**Certificate of Status Desired:** Yes

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

CLEVELAND, REBECCA EXEC DI  
35610 US HWY 27 N  
HAINES CITY, FL 33844 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:** REBECCA CLEVELAND

02/24/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PAST-CHAIR  
Name MCARTER, ELLEN  
Address 36250 HWY 27  
City-State-Zip: HAINES CITY FL 33844

Title EXECUTIVE DIRECTOR  
Name CLEVELAND, REBECCA  
Address 265 TERRANOVA BLVD  
City-State-Zip: WINTER HAVEN FL 33884

Title TREASURER  
Name SOTO-VALENTINE, NURKA  
Address 1006 OLD POLK CITY RD  
City-State-Zip: HAINES CITY FL 33844

Title DIRECTOR  
Name SHAUGHNESSY, NICK  
Address 109 N 9TH ST  
City-State-Zip: HAINES CITY FL 33844

Title DIRECTOR  
Name BARNHART, ANN  
Address 40100 US HWY 27  
City-State-Zip: DAVENPORT FL 33837

Title DIRECTOR  
Name GORDON, ANTHONY  
Address 2600 ACCESS RD NW  
City-State-Zip: DAVENPORT FL 33897

Title DIRECTOR  
Name JANTOMASO, CYNDI  
Address 135 NORTH SIXTH ST  
City-State-Zip: HAINES CITY FL 33844

Title DIRECTOR  
Name SANTIAGO, MARTHA DR.  
Address 999 AVE H NE  
City-State-Zip: WINTER HAVEN FL 33881

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** REBECCA CLEVELAND

EXECUTIVE DIRECTOR

02/24/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name WATTS, DENISE  
Address 42725 HWY 27  
City-State-Zip: DAVENPORT FL 33837

Title EX-OFFICIO  
Name RILEY, FRED  
Address PO BOX 2039  
City-State-Zip: HAINES CITY FL 33845

Title DIRECTOR  
Name CONLEY, JOANNA  
Address 325 CYPRESS PARKWAY  
City-State-Zip: KISSIMMEE FL 34758

Title DIRECTOR  
Name HEDDON, BARBARA  
Address 42 MAXCY PLAZA CIRCLE  
City-State-Zip: HAINES CITY FL 33844

Title CHAIR-ELECT  
Name TINER, KAREN  
Address 135 N 6TH ST  
City-State-Zip: HAINES CITY FL 33844

Title DIRECTOR  
Name MOUNCEY, TRACY  
Address 2972 VINTAGE VIEW CIR  
City-State-Zip: LAKELAND FL 33812

Title EX-OFFICIO  
Name SLOAN, RICK  
Address 620 E MAIN ST  
City-State-Zip: HAINES CITY FL 33844

Title CHAIRMAN  
Name JAMES, TIM DR.  
Address 218 S DIXIE DRIVE  
City-State-Zip: HAINES CITY FL 33844

Title DIRECTOR  
Name FELTON, CARYS DR.  
Address 350 SOUTH 10TH ST  
City-State-Zip: HAINES CITY FL 33844

Title DIRECTOR  
Name SHEALEY, STEVE  
Address 2105 DUNDEE RD  
City-State-Zip: WINTER HAVEN FL 33883

Title DIRECTOR  
Name BONET, YARISA DR.  
Address 42725 HIGHWAY 27. SUITE 201  
City-State-Zip: DAVENPORT FL 33837