

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700884

FILED
Mar 06, 2018
Secretary of State
CC6530088443

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:

WEAVER, MICHALETTE
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: MICHALETTE WEAVER

03/06/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title EXECUTIVE DIRECTOR
Name WEAVER, MICHALETTE
Address 5827 NATURE VIEW DRIVE
307
City-State-Zip: WINDERMERE FL 34786

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

Title DIRECTOR
Name ROBINSON, APRIL
Address 999 AVENUE H NE
City-State-Zip: WINTER HAVEN FL 33881

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

Title DIRECTOR
Name LOVELL, JARED
Address 2119 S 30TH ST. #3
City-State-Zip: HAINES CITY FL 33844

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: MICHALETTE WEAVER

EXECUTIVE DIRECTOR

03/06/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name STOKES, STACEY
Address 36099 HWY 27
City-State-Zip: HAINES CITY FL 33844

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

Title CHAIRMAN
Name SHAPIRO, MARK
Address 222SR 60 E
City-State-Zip: LAKE WALES FL 33853

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

Title PAST CHAIR
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