

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 700884

**FILED**  
**Mar 12, 2019**  
**Secretary of State**  
**2972027346CC**

**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:**

STRIPLING, LANA  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

Title           EXECUTIVE DIRECTOR  
Name           STRIPLING, LANA K  
Address        35610 US HWY 27  
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           ZENTENO, NELSON  
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

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

Title           DIRECTOR  
Name           JAMES, TIM DR.  
Address        218 S DIXIE DRIVE  
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:** LANA STRIPLING

**EXECUTIVE DIRECTOR**

**03/12/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title SECRETARY  
Name MCCARTER, ELLEN  
Address 36250 HWY 27  
City-State-Zip: HAINES CITY FL 33844

Title DIRECTOR  
Name BRADBURY, DEBBIE  
Address 414 STARR RIDGE LOOP  
City-State-Zip: LAKE WALES FL 33898

Title DIRECTOR  
Name MURPHY, SYLVANA  
Address 37048 US HWY 27  
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 401 3RD ST SW  
City-State-Zip: WINTER HAVEN FL 33880

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

Title DIRECTOR  
Name CONNELL, TERESA  
Address 419 US HWY 17-92 NW  
City-State-Zip: HAINES CITY FL 33844

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