

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700884

Entity Name: NORTHEAST POLK CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

35610 HIGHWAY 27
HAINES CITY, FL 33844

Current Mailing Address:

35610 HIGHWAY 27
HAINES CITY, FL 33844 US

FEI Number: 59-0585597

Certificate of Status Desired: No

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 EXECUTIVE DIRECTOR
Name STRIPLING, LANA K
Address 35610 US HWY 27
City-State-Zip: HAINES CITY FL 33844

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

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

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

Title CHAIR ELECT
Name LAFERRIERE, JUSTIN
Address 101 ADVENTURE CT
City-State-Zip: DAVENPORT FL 33837

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

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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

02/28/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ABBOTT, TIM
Address 1603 GROVE AVE
City-State-Zip: HAINES CITY FL 33844

Title DIRECTOR
Name WEBB, RJ
Address 38283 HWY 27
City-State-Zip: DAVENPORT FL 33837

Title DIRECTOR
Name CROSTHWAITE, MONICA
Address 415 E FREDERICK AVE
City-State-Zip: DUNDEE FL 33838

Title DIRECTOR, PAST CHAIR
Name TINER, STEVE
Address 135 N. 6TH ST
City-State-Zip: HAINES CITY FL 33844

Title EX OFFICIO
Name CALLIHAN, KELLY
Address 1 SOUTH ALLAPAHA AVENUE
City-State-Zip: DAVENPORT FL 33837

Title BOARD CHAIR
Name SMITH, AMBER
Address 40101 US-27
City-State-Zip: DAVENPORT FL 33837

Title DIRECTOR
Name NOVOTNY, LYNDSEY
Address 36250 HWY 27
City-State-Zip: HAINES CITY FL 33844

Title DIRECTOR
Name KENNY, GARRETT
Address 124 KENNY BLVD
City-State-Zip: HAINES CITY FL 33844

Title SECRETARY
Name GUINN, SHERRY
Address 4800 WHITE CLAY PIT RD
City-State-Zip: HAINES CITY FL 33844

Title EX OFFICIO
Name ELENSKY, JAMES
Address 620 EAST MAIN ST
City-State-Zip: HAINES CITY FL 33844