2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 27, 2015
Secretary of State
CC2502081297

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Entity Name: DUNDEE AREA CHAMBER OF COMMERCE INC.

Current Principal Place of Business:

DUNDEE AREA CHAMBER OF COMMERCE
310 E. MAIN ST,
DUNDEE, FL 33838

Current Mailing Address:

DUNDEE AREA CHAMBER OF COMMERCE
P.O.BOX 241
DUNDEE, FL 33838

FEI Number: 59-2759164

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORROW, MIKE
232 S LAKESHORE DR
LK WALES, FL 33859 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: MIKE MORROW 05/27/2015

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P
Name	VALENTINE, NURKA SOTO-
Address	DUNDEE AREA CHAMBER OF COMMERCE 310 E. MAIN ST,
City-State-Zip:	DUNDEE FL 33838

Title	DIRECTOR
Name	CROSS, CANDICE
Address	DUNDEE AREA CHAMBER OF COMMERCE 310 E. MAIN ST,
City-State-Zip:	DUNDEE FL 33838

Title	SECRETARY
Name	FERDANDEZ, RAYMOND DR.
Address	DUNDEE AREA CHAMBER OF COMMERCE 310 E. MAIN ST,
City-State-Zip:	DUNDEE FL 33838

Title	EXECUTIVE DIRECTOR
Name	HICKS, NANCY K
Address	DUNDEE AREA CHAMBER OF COMMERCE 310 E. MAIN ST,
City-State-Zip:	DUNDEE FL 33838

Title	VP
Name	MAK, DEBBIE
Address	DUNDEE UMC P O BOX 1688
City-State-Zip:	DUNDEE FL 33838

Title	DIRECTOR
Name	PENNANT, SAM
Address	DUNDEE AREA CHAMBER OF COMMERCE 310 E. MAIN ST,
City-State-Zip:	DUNDEE FL 33838

Title	DIRECTOR
Name	MORROW, MIKE
Address	DUNDEE AREA CHAMBER OF COMMERCE 310 E. MAIN ST,
City-State-Zip:	DUNDEE FL 33838

Title	DIRECTOR
Name	SKELTON, DENISE
Address	DUNDEE AREA CHAMBER OF COMMERCE 310 E. MAIN ST,
City-State-Zip:	DUNDEE FL 33838

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: NANCY K. HICKS EXECUTIVE DIRECTOR 05/27/2015

Electronic Signature of Signing Officer/Director Detail Date