

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthart
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 20, 1996 08:00 AM
Secretary of State

DOCUMENT # **700884** (0)

1. Corporation Name
HAINES CITY CHAMBER OF COMMERCE, INC.



500001834105
-05/22/96--01027--003

Principal Place of Business Mailing Address
**HIGHWAY 27, NORTH
P.O. BOX 986
HAINES CITY FL 33845-0986**

3. Date Incorporated or Qualified 04/30/1960	3a. Date of Last Report 02/13/1995
4. FEI Number 59-0585597	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GAY, JUDY C
908 HWY. 27 NORTH
P.O. BOX 986
HAINES CITY FL 33844**

81 Name	Ford, Steve		
82 Street Address (P.O. Box Number is Not Acceptable)	908 Hwy 27 North		
83	P O Box 985		
84 City	Haines City	85 State	FL
		86 Zip Code	33844

14. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Steve Ford Steve Ford DATE **3/25/96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CAREFOOT, GEORGE	
STREET ADDRESS	7722 SR 544 E	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WRAY, LARRY	
STREET ADDRESS	306 S. 10TH ST.	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NELSON, JIM	
STREET ADDRESS	617 U.S. HWY 17-92 W.	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TAYLOR, VICKIE	
STREET ADDRESS	250 MAGNOLIA AVE.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HIGGINS, KEN	
STREET ADDRESS	1550 US HWY 27 S	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PARTAIN, SYLVIA	
STREET ADDRESS	7700 STATE ROAD 544	
CITY-ST-ZIP	WINTER HAVEN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Partain, Sylvia	
1.3 STREET ADDRESS	Ridge Technical Center	33881
1.4 CITY-ST-ZIP	7700 SR 544 Winter Haven, FL	33881
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Carefoot, George	N/A
2.3 STREET ADDRESS	First National Bank of Polk Cty	
2.4 CITY-ST-ZIP	PO Box 188, Haines City, FL	33845
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Douglas, Jack	N/A
3.3 STREET ADDRESS	First Union National Bank	
3.4 CITY-ST-ZIP	P O Box 427, Haines City, FL	33845
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Campbell, Jim	
4.3 STREET ADDRESS	Campbell & Associates	33880
4.4 CITY-ST-ZIP	201 Ave G SW Winter Haven, FL	
5.1 TITLE	Immediate Past Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Taylor, Vickie	
5.3 STREET ADDRESS	NationsBank	33880
5.4 CITY-ST-ZIP	250 Magnolia Av, Winter Haven, FL	
6.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Wray, Larry	
6.3 STREET ADDRESS	Hospital Pharmacy	N/A
6.4 CITY-ST-ZIP	PO Box 1834 Haines City, FL	33845

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Steve Ford Steve Ford DATE **3/25/96** 941-422-3751
Signature and typed or printed name of signing officer or director. Daytime Phone #

CPZE037 (12/95)