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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700884

1. Corporation Name

HAINES CITY CHAMBER OF COMMERCE, INC.

Principal Place of Business

HIGHWAY 27 NORTH
P.O. BOX 986
HAINES CITY FL 33845-0986

Mailing Address

HIGHWAY 27 NORTH
P.O. BOX 986
HAINES CITY FL 33845-0986



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

04/30/1960

4. FEI Number

59-0585597

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CUNNINGHAM, LORI
908 US HWY 27 N
P O BOX 986
HAINES CITY FL 33844

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE
NAME CAREFOOT, GEORGE
STREET ADDRESS 7722 SR 544 EAST
CITY-ST-ZIP HAINES CITY FL

TITLE PD DELETE
NAME CAMPBELL, JIM
STREET ADDRESS 201 AVE G SW
CITY-ST-ZIP WINTER HAVEN FL

TITLE VD DELETE
NAME LOVELACE, JOYCE
STREET ADDRESS 7722 SR 544 EAST
CITY-ST-ZIP HAINES CITY FL

TITLE STD DELETE
NAME MAHAFFEY, BOB
STREET ADDRESS 1615 US HWY 27 N
CITY-ST-ZIP DAVENPORT FL 33837

TITLE D DELETE
NAME MONTNEY, TILLIE
STREET ADDRESS 3200 SR 546
CITY-ST-ZIP HAINES CITY FL 33844

TITLE VD DELETE
NAME BURCHFIELD, RON
STREET ADDRESS 902 US HWY 27 N
CITY-ST-ZIP HAINES CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S/D/T Change Addition
1.2 NAME DENNIS P. BROADAWAY
1.3 STREET ADDRESS RO. BOX 337
1.4 CITY-ST-ZIP HAINES CITY, FL 32845

2.1 TITLE D Change Addition
2.2 NAME CAMPBELL, JIM
2.3 STREET ADDRESS 201 AVE G. SW
2.4 CITY-ST-ZIP WINTER HAVEN, FL 33880

3.1 TITLE P/D Change Addition
3.2 NAME LOVELACE, JOYCE
3.3 STREET ADDRESS 7722 S.R. 544 EAST
3.4 CITY-ST-ZIP HAINES CITY, FL 33844

4.1 TITLE VD Change Addition
4.2 NAME MAHAFFEY, BOB
4.3 STREET ADDRESS 1615 U.S. HWY 27 N.
4.4 CITY-ST-ZIP DAVENPORT, FL 33837

5.1 TITLE D Change Addition
5.2 NAME DR. EARLE E. LEE
5.3 STREET ADDRESS 41 N. 20th STREET #17
5.4 CITY-ST-ZIP HAINES CITY, FL 32844

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/99 941-422-3751
Date Daytime Phone #

CR2E037 (11/98)