2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2004
Secretary of State

DOCUMENT# 700884

Entity Name: HAINES CITY CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

35610 HIGHWAY 27
P.O. BOX 986
HAINES CITY, FL 338450986

New Principal Place of Business:

Current Mailing Address:

HIGHWAY 27, NORTH
P.O. BOX 986
HAINES CITY, FL 338450986

New Mailing Address:

FEI Number: 59-0585597 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: PRINCE, KATHY
Address: 125 E GRAHAM PARK DR
City-St-Zip: HAINES CITY, FL 33844

Title: VD ( ) Delete
Name: CAMPBELL, JIM E.M.
Address: 201 AVE G. SW.
City-St-Zip: WINTER HAVEN, FL 33880

Title: SD ( ) Delete
Name: CAMPBELL, ROBERT
Address: 105 MCKAY DR
City-St-Zip: HAINES CITY, FL 33844

Title: D ( ) Delete
Name: CUNNINGHAM, LORI
Address: PO BOX 986
City-St-Zip: HAINES CITY, FL 33845

Title: PD ( ) Delete
Name: ISON, JENNIFER
Address: 99 US HWY 17-92
City-St-Zip: HAINES CITY, FL 33844

Title: VD (X) Delete
Name: STOVALL, RENEE
Address: 1108 PENNISULAR DR
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PRINCE, KATHY
Address: 125 E GRAHAM PARK DR
City-St-Zip: HAINES CITY, FL 33844

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: CAMPBELL, ROBERT
Address: 105 MCKAY DR
City-St-Zip: HAINES CITY, FL 33844

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: WELLMAN, TRAVIS
Address: 100 LEM CARNES ROAD
City-St-Zip: DAVENPORT, FL 33837

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: TRAVIS WELLMAN SD 07/14/2004

Electronic Signature of Signing Officer or Director — Date