

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 13, 2006  
Secretary of State**

DOCUMENT# 700884

Entity Name: THE GREATER HAINES CITY AREA 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:**

PATTON, JANE  
35610 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: PD ( ) Delete  
Name: CAMPBELL, ROBERT  
Address: 105 MCKAY DRIVE  
City-St-Zip: HAINES CITY, FL 33844

Title: VD ( ) Delete  
Name: WELLMAN, TRAVIS  
Address: 100 LEM CARNES ROAD  
City-St-Zip: DAVENPORT, FL 33837

Title: VD ( ) Delete  
Name: BARNHART, ANN  
Address: 40100 HIGHWAY 27  
City-St-Zip: DAVENPORT, FL 33837

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

Title: T ( ) Delete  
Name: JOHNSON, NELL  
Address: P.O. BOX 1439  
City-St-Zip: WINTER HAVEN, FL 33882

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: PD (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:

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

Title: T (X) Change ( ) Addition  
Name: SZROM, LARRY  
Address: 116 POLO PARK EAST BLVD  
City-St-Zip: DAVENPORT, FL 33897

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JANE PATTON

Electronic Signature of Signing Officer or Director

DIR

04/13/2006

Date