

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700884

FILED
Apr 03, 2008
Secretary of State

Entity Name: HAINES CITY - NORTHEAST POLK COUNTY REGIONAL CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

35610 HIGHWAY 27
HAINES CITY, FL 338450986

New Principal Place of Business:

35610 HIGHWAY 27
HAINES CITY, FL 33844

Current Mailing Address:

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
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

PATTON, JANE PRESIDE
35610 US HWY 27 N
HAINES CITY, FL 33844 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: JANE PATTON

04/03/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FREEMAN, BOBBI
Address: 121 N 8TH STREET
City-St-Zip: HAINES CITY, FL 33844

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

Title: VD () Delete
Name: ALVAREZ, LUIS
Address: 315 PALMETTO STREET
City-St-Zip: POINCIANA, FL 34759

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

Title: T () Delete
Name: LOVELACE, JOYCE
Address: 151 FIRST ST S #B
City-St-Zip: WINTER HAVEN, FL 33830

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHAI (X) Change () Addition
Name: FREEMAN, BOBBI
Address: 121 N 8TH STREET
City-St-Zip: HAINES CITY, FL 33844

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

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

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

Title: T (X) Change () Addition
Name: LOVELACE, JOYCE
Address: 6900 CYPRESS GARDENS BLVD
City-St-Zip: WINTER HAVEN, FL 33834

Title: VD () Change (X) Addition
Name: WEATHERSBEE, LISA
Address: 2313 PAULETTE DRIVE
City-St-Zip: HAINES CITY, FL 33844

I hereby certify that the information supplied with this filing does not qualify 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

PRES

04/03/2008

Electronic Signature of Signing Officer or Director

Date