


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90449 006 \*\*\*\*61.25

<b>DOCUMENT # 706135</b> 1. Entity Name <b>LAKE ALFRED CHAMBER OF COMMERCE INC</b>					
Principal Place of Business <b>210 N SEMINOLE AVE LAKE ALFRED, FL 33850</b>			Mailing Address <b>P O BOX 956 210 N SEMINOLE AVE LAKE ALFRED, FL 33850</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2636848</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HUTCHINSON, GAIL 150 E. HAINES BLVD LAKE ALFRED, FL 33850</b>				7. Name and Address of New Registered Agent Name <b>Michelle Cravey</b> Street Address (P.O. Box Number is Not Acceptable) <b>210 N. Seminole Ave Box 956</b> City <b>Lake Alfred</b> <b>FL</b> Zip Code <b>33850</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <i>Michelle Cravey</i> <span style="float: right;">4/24/07</span> <small>Signature, typed or printed name of registered agent and trust applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DEVITO, SAM JR</b> <b>210 N SEMINOLE AVENUE</b> <b>LAKE ALFRED, FL 33850</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V- President</b> <b>JACK DEARMIN</b> <b>210 N. SEMINOLE AVE</b> <b>LAKE ALFRED FL 33850</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BALDWIN, JANET S</b> <b>551 AVENUE K SE</b> <b>WINTER HAVEN, FL 33880</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>THOMAS J. LONG</b> <b>210 N. SEMINOLE AVE</b> <b>LAKE ALFRED, FL 33850</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CONE, JENNIFER</b> <b>210 N SEMINOLE AVENUE</b> <b>LAKE ALFRED, FL 33850</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>Cone Jennifer</b> <b>210 N. Seminole Av.</b> <b>Lake Alfred, FL 33850</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>HUTCHINSON, GAIL</b> <b>150 E HAINES BLVD</b> <b>LAKE ALFRED, FL 33850</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Michelle Cravey</b> <b>210 N Seminole Avenue</b> <b>Lake Alfred, FL 33850</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WEEKS, SHERRI</b> <b>210 N SEMINOLE AVENUE</b> <b>LAKE ALFRED, FL 33850</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Immediate</b> <b>past president</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Jennifer Cone</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04/24/07 863-291-5380 <small>Date Daytime Phone #</small>		