


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90358 042 ****61.25

| | | | | | |
|--|---|---|---|---|---|
| DOCUMENT # 706135 1. Entity Name LAKE ALFRED CHAMBER OF COMMERCE INC | | | |  | |
| Principal Place of Business 210 N SEMINOLE AVE LAKE ALFRED, FL 33850 | | | Mailing Address P O BOX 956 210 N SEMINOLE AVE LAKE ALFRED, FL 33850 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2636848 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent CRAVEY, MICHELLE 210 N. SEMINOLE AVE BOX 956 LAKE ALFRED, FL 33850 | | | | 7. Name and Address of New Registered Agent Name <u>Michelle Stickle</u> Street Address (P.O. Box Number is Not Acceptable) <u>210 N. Seminole Ave</u> City <u>LAKE ALFRED, FL</u> Zip Code <u>33850</u> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V DEARMIN, JACK 210 N SEMINOLE AVENUE LAKE ALFRED, FL 33850 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Edward ARBUTHNOT 210 N. Seminole LAKE ALFRED, FL 33850 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T LONG, THOMAS J 210 N. SEMINOLE AVE LAKE ALFRED, FL 33850 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CONE, JENNIFER 210 N SEMINOLE AVENUE LAKE ALFRED, FL 33850 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CRAVEY, MICHELLE 210 N. SEMINOLE AVE LAKE ALFRED, FL 33850 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Michelle STICKLER 210 N. Seminole Ave LAKE ALFRED, FL 33850 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PP WEEKS, SHERRI 210 N SEMINOLE AVENUE LAKE ALFRED, FL 33850 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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. | | | | | |
| SIGNATURE: <u>Jennifer Cone</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 04-23-08 823-298-6019 <small>Date Daytime Phone #</small> | | |