# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2009**
**Secretary of State**

DOCUMENT# 706135

**Entity Name:** LAKE ALFRED CHAMBER OF COMMERCE INC

**Current Principal Place of Business:**

210 N SEMINOLE AVE
LAKE ALFRED, FL 33850

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 956
210 N SEMINOLE AVE
LAKE ALFRED, FL 33850

**New Mailing Address:**

**FEI Number: 59-2636848** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STICKLER, MICHELLE
210 N. SEMINOLE AVE
LAKE ALFRED, FL 33850 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: V ( ) Delete
Name: ARBUTHNOT, EDWARD
Address: 210 N SEMINOLE AVENUE
City-St-Zip: LAKE ALFRED, FL 33850

Title: T ( ) Delete
Name: LONG, THOMAS J
Address: 210 N. SEMINOLE AVE
City-St-Zip: LAKE ALFRED, FL 33850

Title: P ( ) Delete
Name: CONE, JENNIFER
Address: 210 N SEMINOLE AVENUE
City-St-Zip: LAKE ALFRED, FL 33850

Title: S ( ) Delete
Name: STICKLER, MICHELLE
Address: 210 N. SEMINOLE AVE
City-St-Zip: LAKE ALFRED, FL 33850

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

Title: V (X) Change ( ) Addition
Name: STICKLER, MICHELLE
Address: 210 N SEMINOLE AVENUE
City-St-Zip: LAKE ALFRED, FL 33850

Title: T (X) Change ( ) Addition
Name: CLARK, CLARK
Address: 210 N. SEMINOLE AVE
City-St-Zip: LAKE ALFRED, FL 33850

Title: P (X) Change ( ) Addition
Name: DEATON, AMBER
Address: 210 N SEMINOLE AVENUE
City-St-Zip: LAKE ALFRED, FL 33850

Title: S (X) Change ( ) Addition
Name: CASTRO, MARDY
Address: 210 N. SEMINOLE AVE
City-St-Zip: LAKE ALFRED, FL 33850

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: AMBER DEATON P 04/28/2009

Electronic Signature of Signing Officer or Director — Date