

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 706316

FILED
Sep 29, 2009
Secretary of State

Entity Name: GREATER LA BELLE CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

125 E HICKPOCHEE AVE
LA BELLE FLA, 33935 US

New Principal Place of Business:

125 E HICKPOCHEE AVE
LA BELLE, FL 33935 US

Current Mailing Address:

P. O. BOX 456
LABELLE, FL 33975 US

New Mailing Address:

FEI Number: 59-2439555 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ANDREW HIGGINBOTHAM
150 S MAIN ST
P.O. BOX 2406
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

ANDREW HIGGINBOTHAM
150 S MAIN ST
STE 1
LABELLE, FL 33935 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: ANDREW HIGGINBOTHAM

09/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: HIGGINBOTHAM, ANDREW
Address: 150 S MAIN ST
City-St-Zip: LABELLE, FL 33935

Title: D () Delete
Name: REINBOTT, JUDY
Address: 155 N BRIDGE ST
City-St-Zip: LABELLE, FL 33935

Title: D () Delete
Name: HENDRICKSON, NANCY
Address: 97 PARK AVE
City-St-Zip: LABELLE, FL 33935

Title: P () Delete
Name: HAMPTON, PEGGY S
Address: 25 HICPOCHEE AVE
City-St-Zip: LABELLE, FL 33935

Title: D () Delete
Name: SPRATT, BOBBIE
Address: COTTAGE AVE
City-St-Zip: LABELLE, FL 33935

Title: D () Delete
Name: YOUMANS, LAMAR
Address: 100 NORTH MAIN STREET
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: () Change () Addition
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City-St-Zip:

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

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

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: ANDREW HIGGINBOTHAM

ED

09/29/2009

Electronic Signature of Signing Officer or Director

Date