

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91027 037 \*\*\*\*61.25

**DOCUMENT # 706986**

1. Entity Name  
**CLEWISTON CHAMBER OF COMMERCE INC**



Principal Place of Business  
**544 WEST SUGARLAND HWY  
P.O. BOX 275  
CLEWISTON, FL 33440**

Mailing Address  
**544 WEST SUGARLAND HWY  
P.O. BOX 275  
CLEWISTON, FL 33440**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-1854001**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARWICK, JEFF  
606 SAGINAW AVE  
CLEWISTON, FL 33440**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$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 PD ☒ Delete  
NAME WALKER, LUAN  
STREET ADDRESS 417 W SUGARLAND HIGHWAY  
CITY-ST-ZIP CLEWISTON, FL 33440

TITLE VPD ☐ Change ☒ Addition  
NAME LISA KWAACK  
STREET ADDRESS 300 E. SUGARLAND HWY  
CITY-ST-ZIP CLEWISTON, FL 33440

TITLE ID ☐ Delete  
NAME WINDHAM, KT  
STREET ADDRESS 524 E HATI AVE  
CITY-ST-ZIP CLEWISTON, FL 33440

TITLE VPD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME SCHMINDEBERG, NAN  
STREET ADDRESS 300 S. BERMER ROAD  
CITY-ST-ZIP CLEWISTON, FL 33440

TITLE TD ☐ Change ☒ Addition  
NAME NARDINA SIMMONS  
STREET ADDRESS 315 SOUTH W.C. OWEN AVE  
CITY-ST-ZIP CLEWISTON, FL 33440

TITLE D ☒ Delete  
NAME NISBET, STEVE  
STREET ADDRESS 905 W. SUGARLAND WAY  
CITY-ST-ZIP CLEWISTON, FL 33440

TITLE D ☐ Change ☒ Addition  
NAME SCOTT EGAN-WYER  
STREET ADDRESS 310 E. SUGARLAND HWY  
CITY-ST-ZIP CLEWISTON, FL 33440

TITLE SM ☐ Delete  
NAME BARWICK, JEFF  
STREET ADDRESS 606 SAGINAW AVE  
CITY-ST-ZIP CLEWISTON, FL 33440

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1057 Bayberry Loop  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME WALKER, TONY  
STREET ADDRESS 1010 PONCE DE LEON AVE  
CITY-ST-ZIP CLEWISTON, FL 33440

TITLE PD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Jeff Barwick* **JEFF BARWICK Exec. Director**

**863-983-7979**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #