2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2005 8:00 am Secretary of State

04-04-2005 90048 018 ****61.2

1. Entity Name CLEWISTON CHAMBER OF COMMERCE INC						310		018 6		
544 WEST, SUGARLAND HWY 544 P.O.:BOX/275 P.O.			Mailing Address 544 WEST SUGARLAND I P.O. BOX 275 CLEWISTON, FL 33440	44 WEST SUGARLAND HWY .o. box 275		(1849)) (BRA) BB/(B B)/(B B)/(B	E 1910 OTH BINK NEW A		 	
2. Principal Place of Business 3. Mai			3. Mailing Address	Mailing Address						
Suite, Apt. #, etc. S			Suite, Apt. #, etc.	Suite, Apt. #, etc.		03142005 Chg-NP	CR2E	037 (10/03)		
			City & State	City & State		4. FEI Number 59-1854001			plied For t Applicable	
Zip			Zip	Country		5. Certificate of Status Desired				
	6. Name	and Address of Current R	egistered Agent	Name		7. Name and Address o	f New Registered	Agent		
BARWICK, JEFF BOGGAGINAWAVE 1057 Bayberry CLEWISTON, FL 33440			ry Loop			P.O. Box Number is Not Ac	ceptable)			
	,			City			F	Zip Code	е	
8. The above	named entit	y submits this statement for	the purpose of changing its r	egistered office	or register	ed agent, or both, in the Sta		_	and accept	
the obligati	ions of regis	tered agent.								
SIGNATURE .										
	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered Agent sign	nature required	when reinstating)	DATE			
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make check payable to Florida Department of State			
,	_					Added to Fees	Florida Depa	rtment of SI	ate	
10.	Due by I		Trust Fund Co	ontribution.		Added to Fees ADDITIONS/CHANGES TO	Florida Depa	Introduction of SI	ate 10	
10. TITLE	_	OFFICERS AND DIRI	Trust Fund Co	ontribution.		Added to Fees ADDITIONS/CHANGES TO	Florida Depa	rtment of SI	ate	
TITLE NAME STREET ADDRESS	VED- KNAACK 300 E SU	OFFICERS AND DIRI LISA IGARLAND HWY	Trust Fund Co	11. IIILE NAME STREET ADDRESS	TD	Added to Fees ADDITIONS/CHANGES TO	Florida Depa	Introduction of SI	ate 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD- KNAACK 300 E SU CLEWIST	OFFICERS AND DIRI	Trust Fund Co	11. IIILE NAME STREET ADDRESS CITY-ST-ZIP		Added to Fees ADDITIONS/CHANGES TO	Florida Depa	INTECTORS IN	10 Addition	
TITLE NAME STREET ADDRESS	VED- KNAACK 300 E SU	OFFICERS AND DIRI LISA GARLAND HWY FON, FL 33440	Trust Fund Co	11. IIILE NAME STREET ADDRESS	TD	Added to Fees ADDITIONS/CHANGES TO	Florida Depa	Introduction of SI	ate 10	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	VED- KNAACK 300 E SU CLEWIST WINDHAI 524 E HA CLEWIST TD SIMMON	OFFICERS AND DIRI LISA IGARLAND HWY FON, FL 33440 M, KT ITI AVE FON, FL 33440 S, NARDINA	Trust Fund Co	11. IIILE NAME SIREET ADDRESS CITY-ST-ZIP THLE NAME SIREET ADDRESS CITY-ST-ZIP IIILE NAME	TD S PI	Added to Fees ADDITIONS/CHANGES TO	Florida Depá	artment of SI DIRECTORS IN PChange ☐ Change	10 Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME: STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	VED- KNAACK 300 E SU CLEWIST WINDHAI 524 E HA CLEWIST TD SIMMON 315 SOU CLEWIST D EGAN-W	OFFICERS AND DIRI LISA JGARLAND HWY TON, FL 33440 M, KT LTI AVE TON, FL 33440 S, NARDINA TH W.C. OWENS AVE TON, FL 33440 YER, SCOTT	Trust Fund Co	ONLITIBUTION. 11. IITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME NAME NAME	TD s PT s VPE LISS CA VP	Added to Fees ADDITIONS/CHANGES TO A WALDON R-402 PAGE LW. 3702 , FE	OFFICERS AND D	Interest of SI DIRECTORS IN The Change The Change The Change	10 Addition Addition	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #