
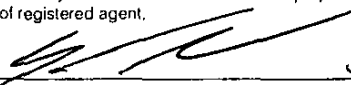
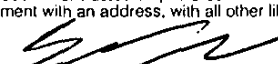


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90211 035 ****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 109 CENTRAL AVE. Suite, Apt. #, etc. P.O. Box 275 City & State Zip Country		3. Mailing Address 109 CENTRAL AVE. Suite, Apt. #, etc. P.O. Box 275 City & State Zip Country			
4. FEI Number 59-1854001			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BARWICK, JEFF 1057 BAYBERRY LOOP CLEWISTON, FL 33440			7. Name and Address of New Registered Agent Name SEAN MOORE Street Address (P.O. Box Number is Not Acceptable) 834 E. CONCORDIA ST. City CLEWISTON FL Zip Code 33440		
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  SEAN MOORE DATE 4-21-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	TD KNAACK, LISA 300 E SUGARLAND HWY CLEWISTON, FL 33440	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WINDHAM, KT 524 E HATI AVE CLEWISTON, FL 33440	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WALDON, LISA C14 ROYAL PALM AVE CLEWISTON, FL 33440	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EGAN-WYER, SCOTT 310 E SUGARLAND HWY CLEWISTON, FL 33440	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SM BARWICK, JEFF 1057 BAYBERRY LOOP CLEWISTON, FL 33440	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALKER, TONY 1010 PONCE DE LEON AVE CLEWISTON, FL 33440	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMITH, LAURA 420 E. SUGARLAND HWY. CLEWISTON, FL 33440	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JACKIE YOUNG 1025 ALABAMA AVE. CLEWISTON, FL 33440	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 613 BOWDEN ROAD.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SM MOORE, SEAN 834 E. CONCORDIA ST. CLEWISTON, FL 33440	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ED CHIARELLI 500 W. SUGARLAND HWY. CLEWISTON, FL 33440	<input type="checkbox"/> Change <input checked="" 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:  SEAN MOORE DATE 4-21-06 DAYTIME PHONE # 863-983-7979 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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