

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90086 014 \*\*\*\*61.25

<b>DOCUMENT # 706986</b> 1. Entity Name <b>CLEWISTON CHAMBER OF COMMERCE INC</b>					
Principal Place of Business <b>109 CTRL AVE P.O. BOX 275 CLEWISTON, FL 33440</b>			Mailing Address <b>109 CTRL AVE P.O. BOX 275 CLEWISTON, FL 33440</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04172007 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>59-1854001</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MOORE, SEAN 834 E CONCORDIA ST CLEWISTON, FL 33440</b>			7. Name and Address of New Registered Agent Name <b>GARRELS, CATHY</b> Street Address (P.O. Box Number is Not Acceptable) <b>622 SABAL AVENUE</b> City <b>CLEWISTON, FL</b> Zip Code <b>33440</b>		
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 <b>CATHY GARRELS</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		 <small>(NOTE: Registered Agent signature required when reappointing)</small>		<b>4-17-07</b> <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
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	VPD SMITH, LAURA 420 E SUGARLAND HWY CLEWISTON, FL 33440	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD YOUNG, JACKIE 1025 ALABAMA AVE CLEWISTON, FL 33440	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EGAN-WYER, SCOTT 613 BOWDEN RD CLEWISTON, FL 33440	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SM MOORE, SEAN 834 E CONCORD ST CLEWISTON, FL 33440	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHIARELLI, ED 500 W SUGARLAND HWY CLEWISTON, FL 33440	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMITH, GLENN 116 W. CIRCLE DR. CLEWISTON, FL 33440	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARRELS, CATHY 622 SABAL AVENUE CLEWISTON, FL 33440	<input checked="" type="checkbox"/> Change <input 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 <b>CATHY GARRELS</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4-17-07</b> <small>Date</small>		<b>863-983-7979</b> <small>Daytime Phone #</small>	