

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90376 024 \*\*\*\*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 #  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State  Zip      Country			City & State  Zip      Country		
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 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>GARRELS, CATHY 622 SABAL AVE. CLEWISTON, FL 33440</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>Cathy L. Garrels</i> <b>CATHY L. GARRELS</b> <b>EXECUTIVE DIRECTOR</b> <b>4-25-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KNAACK, LISA 300 E SUGARLAND HWY CLEWISTON, FL 33440	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RICHBOURG, ANITA 865 N. TREBOL ST. CLEWISTON, FL. 33440
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, LAURA 420 E SUGARLAND HWY CLEWISTON, FL 33440	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NISBET, STEVEN 4504 BRAGG CT. LABELLE, FLA. 33935
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD YOUNG, JACKIE 1025 ALABAMA AVE CLEWISTON, FL 33440	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VARY, MERCEDES 416 E. OSCEOLA AVE. CLEWISTON, FL. 33440
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD GARRELS, CATHY 622 SABAL AVE. CLEWISTON, FL 33440	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SM GARRELS, CATHY 622 SABAL AVE. CLEWISTON, FL. 33440
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHIARELLI, ED 500 W SUGARLAND HWY CLEWISTON, FL 33440	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, GLENDA 544 W. SUGARLAND HWY. CLEWISTON, FL. 33440
		<input 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: <i>Cathy L. Garrels</i> <b>CATHY L. GARRELS</b> <b>4-25-08</b> <b>863-983-7979</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					