

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706986

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: CLEWISTON CHAMBER OF COMMERCE INC

## Current Principal Place of Business:

109 CTRL AVE  
P.O. BOX 275  
CLEWISTON, FL 33440

## New Principal Place of Business:

109 CENTRAL AVE  
CLEWISTON, FL 33440

## Current Mailing Address:

109 CTRL AVE  
P.O. BOX 275  
CLEWISTON, FL 33440

## New Mailing Address:

109 CENTRAL AVE  
CLEWISTON, FL 33440

FEI Number: 59-1854001

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GARRELS, CATHY  
622 SABAL AVE.  
CLEWISTON, FL 33440 US

## Name and Address of New Registered Agent:

GARRELS, CATHY L  
622 SABAL AVE.  
CLEWISTON, FL 33440 US

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.

SIGNATURE: CATHY GARRELS

04/22/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: TD ( ) Delete  
Name: RICHBOURG, ANITA  
Address: 865 N TREBOL ST  
City-St-Zip: CLEWISTON, FL 33440

Title: PD ( ) Delete  
Name: SMITH, LAURA  
Address: 420 E SUGARLAND HWY  
City-St-Zip: CLEWISTON, FL 33440

Title: VPD ( ) Delete  
Name: NISBET, STEVEN  
Address: 4504 BRAGG CT  
City-St-Zip: LABELLE, FL 33935

Title: VPD ( ) Delete  
Name: MERCEDES, VARY  
Address: 416 E OSCEOLA AVE  
City-St-Zip: CLEWISTON, FL 33440

Title: SM ( ) Delete  
Name: GARRELS, CATHY  
Address: 622 SABAL AVE  
City-St-Zip: CLEWISTON, FL 33440

Title: D ( ) Delete  
Name: WILSON, GLENDA  
Address: 544 W SUGARLAND HWY  
City-St-Zip: CLEWISTON, FL 33440

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T/D (X) Change ( ) Addition  
Name: WOOD, ELAINE  
Address: 113 RIDGEWOOD AVE.  
City-St-Zip: CLEWISTON, FL 33440

Title: P/D (X) Change ( ) Addition  
Name: VARY, MERCEDES  
Address: 416 E. OSCEOLA AVE.  
City-St-Zip: CLEWISTON, FL 33440

Title: VP/D (X) Change ( ) Addition  
Name: GIDDENS, CAROL  
Address: 444 E. OSCEOLA AVE.  
City-St-Zip: CLEWISTON, FL 33440

Title: VP/D (X) Change ( ) Addition  
Name: MOORE, KAREN  
Address: 115 W. VENTURA AVE.  
City-St-Zip: CLEWISTON, FL 33440

Title: S/M (X) Change ( ) Addition  
Name: GARRELS, CATHY  
Address: 622 SABAL AVE  
City-St-Zip: CLEWISTON, FL 33440

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHY GARRELS

M/D

04/22/2009

Electronic Signature of Signing Officer or Director

Date